

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>Jones, Johnnie M.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>4/3/2008</b>			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code <b>840</b>		5-B. Nature of Action <b>Individual Cash Award RB</b>				6-A. Code		6-B. Nature of Action			
5-C. Code		5-D. Legal Authority				6-C. Code		6-D. Legal Authority			
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority			
7. FROM: Position Title and Number <b>Information Technology Specialist 004397 00032475</b>						15. TO: Position Title and Number <b>Information Technology Specialist 004397 00032475</b>					
8. Pay Plan <b>GS</b>	9. Occ. Code <b>2210</b>	10. Grade or Level <b>13</b>	11. Step or Rate <b>05</b>	12. Total Salary <b>92,352.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>2210</b>	18. Grade or Level <b>13</b>	19. Step or Rate <b>05</b>	20. Total Salary/Award <b>2,400.00</b>	21. Pay Basis
12A. Basic Pay <b>77,777.00</b>		12B. Locality Adj. <b>14,575.00</b>		12C. Adj. Basic Pay <b>92,352.00</b>		12D. Other Pay <b>0</b>		20A. Basic Pay <b>77,777.00</b>		20B. Locality Adj. <b>14,575.00</b>	
								20C. Adj. Basic Pay <b>92,352.00</b>		20D. Other Pay <b>\$0</b>	
14. Name and Location of Position's Organization <b>DeptID: 0000003542 Org Cd: 90684100 Environmental Protection Agency Region 6 Dallas, Multimedia Planning &amp; Permitting Div., Strategic Planning/Information Management Section Dallas TX USA</b>						22. Name and Location of Position's Organization <b>DeptID: 0000003542 Org Cd: 90684100 Environmental Protection Agency Region 6 Dallas, Multimedia Planning &amp; Permitting Div., Strategic Planning/Information Management Section Dallas TX USA</b>					
<b>EMPLOYEE DATA</b>											
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure <b>1</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite		25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>	
27. FEGLI <b>(b) (6)</b>						28. Annuitant Indicator <b>(b) (6)</b>				29. Pay Rate Determinant <b>0</b> 0 Regular Rate	
30. Retirement Plan <b>K</b> FERS and FICA				31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F</b> Full Time				33. Part-Time Hours Per <b>00</b> Biweekly Pay Period	
<b>POSITION DATA</b>											
34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status <b>0011</b>	
38. Duty Station Code <b>48-1730-113</b>				39. Duty Station (City - County - State or Overseas Location) <b>Dallas Dallas TX USA</b>							
40. Agency Data <b>556</b>		41. <b>08/06/2006</b>		42.		43. <b>AYM ABK</b>		44. <b>PAR Number:</b>			
45. Remarks <b>Annual Award.</b>											
46. Employing Department or Agency <b>Environmental Protection Agency</b>						50. Signature/Authentication and Title of Approving Official <b>Swift, Dorothy J. Human Resources Officer</b>					
47. Agency Code <b>EP00</b>		48. Personnel Office ID <b>3262</b>		49. Approval Date <b>3/5/2008</b>							



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>Jones, Johnnie M.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>11/8/2007</b>			
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>						
5-A. Code <b>849</b>		5-B. Nature of Action <b>Individual Cash Award NRB</b>			6-A. Code		6-B. Nature of Action				
5-C. Code		5-D. Legal Authority			6-C. Code		6-D. Legal Authority				
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number <b>Information Technology Specialist 004397 00032475</b>					15. TO: Position Title and Number <b>Information Technology Specialist 004397 00032475</b>						
8. Pay Plan <b>GS</b>	9. Occ. Code <b>2210</b>	10. Grade or Level <b>13</b>	11. Step or Rate <b>05</b>	12. Total Salary <b>89,036.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>2210</b>	18. Grade or Level <b>13</b>	19. Step or Rate <b>05</b>	20. Total Salary/Award <b>1,000.00</b>	21. Pay Basis
12A. Basic Pay <b>75,879.00</b>		12B. Locality Adj. <b>13,157.00</b>		12C. Adj. Basic Pay <b>89,036.00</b>		12D. Other Pay <b>0</b>		20A. Basic Pay <b>75,879.00</b>		20B. Locality Adj. <b>13,157.00</b>	
		20C. Adj. Basic Pay <b>89,036.00</b>		20D. Other Pay <b>\$0</b>							
14. Name and Location of Position's Organization <b>0000003542 Environmental Protection Agency Region 6 Dallas, Multimedia Planning &amp; Permitting Div., Strategic Planning/Information Management Section Dallas TX USA</b>					22. Name and Location of Position's Organization <b>0000003542 Environmental Protection Agency Region 6 Dallas, Multimedia Planning &amp; Permitting Div., Strategic Planning/Information Management Section Dallas TX USA</b>						
<b>EMPLOYEE DATA</b>											
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%					24. Tenure <b>1</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>	
27. FEGLI <b>(b) (6)</b>					28. Annuitant Indicator <b>(b) (6)</b>			29. Pay Rate Determinant <b>0</b> 0 Regular Rate			
30. Retirement Plan <b>K</b> FERS and FICA				31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F</b> Full Time			33. Part-Time Hours Per <b>00</b> Biweekly Pay Period		
<b>POSITION DATA</b>											
34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code			37. Bargaining Unit Status <b>0011</b>		
38. Duty Station Code <b>48-1730-113</b>				39. Duty Station (City - County - State or Overseas Location) <b>Dallas Dallas TX USA</b>							
40. Agency Data <b>556</b>		41. <b>08/06/2006</b>		42.		43. <b>AYM ABK</b>		44. <b>PAR Number:</b>			
45. Remarks											
46. Employing Department or Agency <b>Environmental Protection Agency</b>						50. Signature/Authentication and Title of Approving Official <b>Copley, John T Human Resources Officer</b>					
47. Agency Code <b>EP00</b>		48. Personnel Office ID <b>3262</b>		49. Approval Date <b>11/8/2007</b>							





## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>Jones, Johnnie M.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>9/13/2008</b>							
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>										
5-A. Code <b>302</b>		5-B. Nature of Action <b>Retirement-Voluntary</b>			6-A. Code		6-B. Nature of Action								
5-C. Code <b>USM</b>		5-D. Legal Authority <b>5 U.S.C. Chapter 84</b>			6-C. Code		6-D. Legal Authority								
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority								
7. FROM: Position Title and Number <b>Information Technology Specialist 004397 00032475</b>					15. TO: Position Title and Number										
8. Pay Plan <b>GS</b>		9. Occ. Code <b>2210</b>	10. Grade or Level <b>13</b>	11. Step or Rate <b>06</b>	12. Total Salary <b>95,069.00</b>		13. Pay Basis <b>PA</b>		16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award		21. Pay Basis
12A. Basic Pay <b>80,065.00</b>		12B. Locality Adj. <b>15,004.00</b>		12C. Adj. Basic Pay <b>95,069.00</b>		12D. Other Pay <b>0</b>		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay	
14. Name and Location of Position's Organization <b>DeptID: 0000003542 Org Cd: 90684100 Environmental Protection Agency Region 6 Dallas, Multimedia Planning &amp; Permitting Div., Strategic Planning/Information Management Section Dallas TX USA</b>					22. Name and Location of Position's Organization										
<b>EMPLOYEE DATA</b>															
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%					24. Tenure <b>1</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>					
27. FEGLI <b>(b) (6)</b>					28. Annuitant Indicator <b>(b) (6)</b>			29. Pay Rate Determinant <b>0</b> 0 Regular Rate							
30. Retirement Plan <b>K FERS and FICA</b>			31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F Full Time</b>			33. Part-Time Hours Per <b>00</b> Biweekly Pay Period							
<b>POSITION DATA</b>															
34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code			37. Bargaining Unit Status <b>0011</b>						
38. Duty Station Code <b>48-1730-113</b>				39. Duty Station (City - County - State or Overseas Location) <b>Dallas Dallas TX USA</b>											
40. Agency Data <b>556</b>		41. <b>08/03/2008</b>		42.		43. <b>AYM ABK</b>		44. <b>PAR Number:FY08-0420</b>							
45. Remarks Forwarding address: <b>(b) (6)</b> Lump-sum payment to be made for any unused annual leave. Reason for retirement: <b>(b) (6)</b>															
46. Employing Department or Agency <b>Environmental Protection Agency</b>					50. Signature/Authentication and Title of Approving Official <b>Swift, Dorothy J. Human Resources Officer</b>										
47. Agency Code <b>EP00</b>		48. Personnel Office ID <b>3262</b>		49. Approval Date <b>7/14/2008</b>											



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>Jones, Johnnie M.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>8/3/2008</b>			
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>						
5-A. Code <b>893</b>		5-B. Nature of Action <b>Reg WRI</b>			6-A. Code		6-B. Nature of Action				
5-C. Code <b>Q7M</b>		5-D. Legal Authority <b>Reg 531.404. Withingrade increase.</b>			6-C. Code		6-D. Legal Authority				
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number <b>Information Technology Specialist 004397 00032475</b>					15. TO: Position Title and Number <b>Information Technology Specialist 004397 00032475</b>						
8. Pay Plan <b>GS</b>	9. Occ. Code <b>2210</b>	10. Grade or Level <b>13</b>	11. Step or Rate <b>05</b>	12. Total Salary <b>92,352.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>2210</b>	18. Grade or Level <b>13</b>	19. Step or Rate <b>06</b>	20. Total Salary/Award <b>95,069.00</b>	21. Pay Basis <b>PA</b>
12A. Basic Pay <b>77,777.00</b>		12B. Locality Adj. <b>14,575.00</b>		12C. Adj. Basic Pay <b>92,352.00</b>		12D. Other Pay <b>0</b>		20A. Basic Pay <b>80,065.00</b>		20B. Locality Adj. <b>15,004.00</b>	
		20C. Adj. Basic Pay <b>95,069.00</b>		20D. Other Pay <b>\$0</b>							
14. Name and Location of Position's Organization <b>DeptID: 0000003542 Org Cd: 90684100 Environmental Protection Agency Region 6 Dallas, Multimedia Planning &amp; Permitting Div., Strategic Planning/Information Management Section Dallas TX USA</b>						22. Name and Location of Position's Organization <b>DeptID: 0000003542 Org Cd: 90684100 Environmental Protection Agency Region 6 Dallas, Multimedia Planning &amp; Permitting Div., Strategic Planning/Information Management Section Dallas TX USA</b>					
<b>EMPLOYEE DATA</b>											
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure <b>1</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite		25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>	
27. FEGLI <b>(b) (6)</b>						28. Annuitant Indicator <b>(b) (6)</b>			29. Pay Rate Determinant <b>0 0 Regular Rate</b>		
30. Retirement Plan <b>K FERS and FICA</b>				31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F Full Time</b>			33. Part-Time Hours Per <b>00 Biweekly Pay Period</b>		
<b>POSITION DATA</b>											
34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code			37. Bargaining Unit Status <b>0011</b>		
38. Duty Station Code <b>48-1730-113</b>				39. Duty Station (City - County - State or Overseas Location) <b>Dallas Dallas TX USA</b>							
40. Agency Data <b>556</b>		41. <b>08/03/2008</b>		42.		43. <b>AYM ABK</b>		44. <b>PAR Number:</b>			
45. Remarks Work performance is at an acceptable level of competence. The waiting period for your next within-grade increase is 104 weeks from the above effective date. This period can be changed by an equivalent increase action, extended leave without pay, or non-work days if intermittent.											
46. Employing Department or Agency <b>Environmental Protection Agency</b>						50. Signature/Authentication and Title of Approving Official <b>Swift, Dorothy J. Human Resources Officer</b>					
47. Agency Code <b>EP00</b>		48. Personnel Office ID <b>3262</b>		49. Approval Date <b>8/3/2008</b>							



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>Jones, Johnnie M.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>1/6/2008</b>							
<b>FIRST ACTION</b>						<b>SECOND ACTION</b>									
5-A. Code <b>894</b>		5-B. Nature of Action <b>Gen Adj</b>				6-A. Code		6-B. Nature of Action							
5-C. Code <b>QWM</b>		5-D. Legal Authority <b>Reg 531.205. Pay convat time of annual pay adj</b>				6-C. Code		6-D. Legal Authority							
5-E. Code <b>ZLM</b>		5-F. Legal Authority <b>E.O. 13454</b>				6-E. Code		6-F. Legal Authority							
7. FROM: Position Title and Number <b>Information Technology Specialist 004397 00032475</b>						15. TO: Position Title and Number <b>Information Technology Specialist 004397 00032475</b>									
8. Pay Plan <b>GS</b>	9. Occ. Code <b>2210</b>	10. Grade or Level <b>13</b>	11. Step or Rate <b>05</b>	12. Total Salary <b>89,036.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>2210</b>	18. Grade or Level <b>13</b>	19. Step or Rate <b>05</b>	20. Total Salary/Award <b>92,352.00</b>	21. Pay Basis <b>PA</b>				
12A. Basic Pay <b>75,879.00</b>		12B. Locality Adj. <b>13,157.00</b>		12C. Adj. Basic Pay <b>89,036.00</b>		12D. Other Pay <b>0</b>		20A. Basic Pay <b>77,777.00</b>		20B. Locality Adj. <b>14,575.00</b>		20C. Adj. Basic Pay <b>92,352.00</b>		20D. Other Pay <b>\$0</b>	
14. Name and Location of Position's Organization <b>0000003542 Environmental Protection Agency Region 6 Dallas, Multimedia Planning &amp; Permitting Div., Strategic Planning/Information Management Section Dallas TX USA</b>						22. Name and Location of Position's Organization <b>0000003542 Environmental Protection Agency Region 6 Dallas, Multimedia Planning &amp; Permitting Div., Strategic Planning/Information Management Section Dallas TX USA</b>									
<b>EMPLOYEE DATA</b>															
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure <b>1</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>				
27. EEO-1 <b>(b) (6)</b>						28. Annuitant Indicator <b>(b) (6)</b>			29. Pay Rate Determinant <b>0</b> 0 Regular Rate						
30. Retirement Plan <b>K FERS and FICA</b>				31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F Full Time</b>				33. Part-Time Hours Per <b>00</b> Biweekly Pay Period					
<b>POSITION DATA</b>															
34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status <b>0011</b>					
38. Duty Station Code <b>48-1730-113</b>				39. Duty Station (City - County - State or Overseas Location) <b>Dallas Dallas TX USA</b>											
40. Agency Data <b>556</b>		41. <b>08/06/2006</b>		42.		43. <b>AYM ABK</b>		44. <b>PAR Number:</b>							
45. Remarks Salary includes a general increase of 2.5 percent and a locality payment applicable in this area.															
46. Employing Department or Agency <b>Environmental Protection Agency</b>						50. Signature/Authentication and Title of Approving Official <b>Copley, John T Human Resources Officer</b>									
47. Agency Code <b>EP00</b>		48. Personnel Office ID <b>3262</b>		49. Approval Date <b>1/6/2008</b>											



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Jones, Johnnie M.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 06-10-2007			
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>						
5-A. Code 892		5-B. Nature of Action Irreg Perf Pay			6-A. Code		6-B. Nature of Action				
5-C. Code RBM		5-D. Legal Authority Reg 531.501. Quality increase.			6-C. Code		6-D. Legal Authority				
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number Information Technology Specialist Job Code: 004397 Position: 00032475					15. TO: Position Title and Number Information Technology Specialist Job Code: 004397 Position: 00032475						
8. Pay Plan GS		9. Occ. Code 2210		10. Grade or Lvl 13		11. Step or Rate 04		12. Total Salary \$86,417.00		13. Pay Basis PA	
12A. Basic Pay \$73,647.00		12B. Locality Adj. \$12,770.00		12C. Adj. Basic Pay \$86,417.00		12D. Other Pay \$0		16. Pay Plan GS		17. Occ. Code 2210	
18. Grade or Lvl 13		19. Step or Rate 05		20. Total Salary/Award \$89,036.00		21. Pay Basis PA		20A. Basic Pay \$75,879.00		20B. Locality Adj. \$13,157.00	
20C. Adj. Basic Pay \$89,036.00		20D. Other Pay \$0		22. Name and Location of Position's Organization Environmental Protection Agency Region 6 Dallas, Multimedia Planning & Permitting Div., Strategic Planning/Information Management Section Dallas TX USA DeptID: 0000003542 Org Cd: 90684100		22. Name and Location of Position's Organization Environmental Protection Agency Region 6 Dallas, Multimedia Planning & Permitting Div., Strategic Planning/Information Management Section Dallas TX USA DeptID: 0000003542 Org Cd: 90684100					
<b>EMPLOYEE DATA</b>											
23. Veterans Preference (b) (6) 1-None 2-5 Point 3-10 Point/Disability 4-10 Point/Compensable 5-10 Point/Other 6-10 Point/Compensable/30%				24. Tenure 1 0-None 1-Permanent 2-Conditional 3-Indefinite				25. Agency Use 8		26. Veterans Preference for RIF (b) (6)	
27. FEGLI (b) (6)				28. Annuity Indicator (b) (6)				29. Pay Rate Determinant 0 Regular Rate			
30. Retirement Plan K FERS and FICA				31. Service Comp. Date (Leave) (b) (6)				32. Work Schedule F Full Time			
33. Part-Time Hours Per Biweekly Pay Period 00											
<b>POSITION DATA</b>											
34. Position Occupied 1 1-Competitive Service 2-Excepted Service 3-SES General 4-SES Career Reserved				35. FLSA Category E E-Exempt N-Nonexempt				36. Appropriation Code			
37. Bargaining Unit Status 0011											
38. Duty Station Code 48-1730-113				39. Duty Station (City-County-State or Overseas Location) Dallas Dallas TX USA							
40. Agency Data 556		41. 08-06-2006		42.		43. AYM ABK		44. PAR Number:			
45. Remarks											
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official <i>for Daniel Wessels</i> Copley, John T Human Resources Officer					
47. Agency Code EP00		48. Personnel Office ID 3262		49. Approval Date 05-14-2007							



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Jones, Johnnie M.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 01-07-2007			
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>						
5-A. Code 894		5-B. Nature of Action Gen Adj			6-A. Code		6-B. Nature of Action				
5-C. Code QWM		5-D. Legal Authority Reg 531.205. Pay conv at time of annual pay adj			6-C. Code		6-D. Legal Authority				
5-E. Code ZLM		5-F. Legal Authority E.O. # 13420			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number Information Technology Specialist Job Code: 004397 Position: 00032475					15. TO: Position Title and Number Information Technology Specialist Job Code: 004397 Position: 00032475						
8. Pay Plan GS	9. Occ. Code 2210	10. Grade or Lvl 13	11. Step or Rate 04	12. Total Salary \$84,283.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 2210	18. Grade or Lvl 13	19. Step or Rate 04	20. Total Salary/Award \$86,417.00	21. Pay Basis PA
12A. Basic Pay \$72,414.00		12B. Locality Adj. \$11,869.00		12C. Adj. Basic Pay \$84,283.00		20A. Basic Pay \$73,647.00		20B. Locality Adj. \$12,770.00		20C. Adj. Basic Pay \$86,417.00	
				12D. Other Pay \$0						20D. Other Pay \$0	
14. Name and Location of Position's Organization Environmental Protection Agency Region 6 Dallas, Multimedia Planning & Permitting Div., Strategic Planning/Information Management Section Dallas TX USA DeptID: 0000003542 Org Cd: 90684100					22. Name and Location of Position's Organization Environmental Protection Agency Region 6 Dallas, Multimedia Planning & Permitting Div., Strategic Planning/Information Management Section Dallas TX USA DeptID: 0000003542 Org Cd: 90684100						
<b>EMPLOYEE DATA</b>											
23. Veterans Preference (b) (6) 1-None 2-5 Point 3-10 Point/Disability 4-10 Point/Compensable 5-10 Point/Other 6-10 Point/Compensable/30%					24. Tenure 1 0-None 1-Permanent 2-Conditional 3-Indefinite		25. Agency Use 8		26. Veterans Preference for RIF (b) (6)		
27. FEGLI (b) (6)					28. Annuity Indicator (b) (6)			29. Pay Rate Determinant 0 Regular Rate			
30. Retirement Plan K FERS and FICA			31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F Full Time			33. Part-Time Hours Per Biweekly Pay Period 00			
<b>POSITION DATA</b>											
34. Position Occupied 1 1-Competitive Service 2-Excepted Service 3-SES General 4-SES Career Reserved				35. FLSA Category E E-Exempt N-Nonexempt		36. Appropriation Code		37. Bargaining Unit Status 0011			
38. Duty Station Code 48-1730-113				39. Duty Station (City-County-State or Overseas Location) Dallas Dallas TX USA							
40. Agency Data 556		41. 08-06-2006		42.		43. AYM ABK		44. PAR Number:			
45. Remarks - Salary includes a general increase of 1.7 percent and a locality payment applicable in this area.											
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official John T. Copley Gopley, John T. Human Resources Officer					
47. Agency Code EP00		48. Personnel Office ID 3262		49. Approval Date 01-07-2007							

2 - OPF Copy - Long-Term Record - DO NOT DESTROY

Editions Prior to 7/91 Are Not Usable After 6/30/93



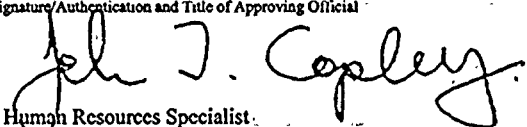
## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Jones, Johnnie M.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 08-06-2006			
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>						
5-A. Code 893		5-B. Nature of Action WGI			6-A. Code		6-B. Nature of Action				
5-C. Code Q7M		5-D. Legal Authority Reg 531.404. Within grade increase.			6-C. Code		6-D. Legal Authority				
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number Information Technology Specialist Job Code: 004397 Position: 00032475					15. TO: Position Title and Number Information Technology Specialist Job Code: 004397 Position: 00032475						
8. Pay Plan GS		9. Occ. Code 2210		10. Grade or Lvl 13		11. Step or Rate 03		12. Total Salary \$81,729.00		13. Pay Basis PA	
16. Pay Plan GS		17. Occ. Code 2210		18. Grade or Lvl 13		19. Step or Rate 04		20. Total Salary/Award \$84,283.00		21. Pay Basis PA	
12A. Basic Pay \$70,220.00		12B. Locality Adj. \$11,509.00		12C. Adj. Basic Pay \$81,729.00		12D. Other Pay \$0		20A. Basic Pay \$72,414.00		20B. Locality Adj. \$11,869.00	
								20C. Adj. Basic Pay \$84,283.00		20D. Other Pay \$0	
14. Name and Location of Position's Organization Environmental Protection Agency Region 6 Dallas, Multimedia Planning & Permitting Div., Strategic Planning/Information Management Section Dallas TX USA DeptID: 0000003542 Org Cd: 90684100					22. Name and Location of Position's Organization Environmental Protection Agency Region 6 Dallas, Multimedia Planning & Permitting Div., Strategic Planning/Information Management Section Dallas TX USA DeptID: 0000003542 Org Cd: 90684100						
<b>EMPLOYEE DATA</b>											
23. Veterans Preference (b) (6)				24. Tenure 1				25. Agency Use 8		26. Veterans Preference for RIF (b) (6)	
27. FEGLI (b) (6)				28. Annuitant Indicator (b) (6)				29. Pay Rate Determinant 0 Regular Rate			
30. Retirement Plan K FERS and FICA				31. Service Comp. Date (Leave) (b) (6)				32. Work Schedule F Full Time			
								33. Part-Time Hours Per Biweekly Pay Period 00			
<b>POSITION DATA</b>											
34. Position Occupied 1-Competitive Service 2-Exempt Service 3-SES General 4-SES Career Reserved I				35. FLSA Category E E-Exempt N-Nonexempt				36. Appropriation Code			
37. Bargaining Unit Status 0011				38. Duty Station Code 48-1730-113							
39. Duty Station (City-County-State or Overseas Location) Dallas Dallas TX USA											
40. Agency Data 556		41. 08-06-2006		42.		43. AYM ABK		44. PAR Number:			
45. Remarks - Work performance is at an acceptable level of competence. - The waiting period for your next within-grade increase is 104 weeks from the above effective date. This period can be changed by an equivalent increase action, extended leave without pay, or non-work days if intermittent.											
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official Dana Wessels Human Resources Specialist					
47. Agency Code EP00		48. Personnel Office ID 3262		49. Approval Date 08-06-2006							





## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Jones, Johnnie M.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 01-08-2006				
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>							
5-A. Code 894		5-B. Nature of Action Pay Adj			6-A. Code		6-B. Nature of Action					
5-C. Code QWM		5-D. Legal Authority Reg 531.205. Pay conv at time of annual pay adj			6-C. Code		6-D. Legal Authority					
5-E. Code ZLM		5-F. Legal Authority E.O. 13282			6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number Information Technology Specialist Job Code: 004397 Position: 00032475					15. TO: Position Title and Number Information Technology Specialist Job Code: 004397 Position: 00032475							
8. Pay Plan GS	9. Occ. Code 2210	10. Grade or Lvl 13	11. Step or Rate 03	12. Total Salary \$79,141.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 2210	18. Grade or Lvl 13	19. Step or Rate 03	20. Total Salary/Award \$81,729.00	21. Pay Basis PA	
12A. Basic Pay \$68,776.00		12B. Locality Adj. \$10,365.00		12C. Adj. Basic Pay \$79,141.00		20A. Basic Pay \$70,220.00		20B. Locality Adj. \$11,509.00		20C. Adj. Basic Pay \$81,729.00		
				12D. Other Pay \$0						20D. Other Pay \$0		
14. Name and Location of Position's Organization Environmental Protection Agency, Region 6 Dallas, Multimedia Planning & Permitting Div., Strategic Planning/Information Management Section Dallas TX USA DeptID: 0000003542 Org Cd: 90684100						22. Name and Location of Position's Organization Environmental Protection Agency, Region 6 Dallas, Multimedia Planning & Permitting Div., Strategic Planning/Information Management Section Dallas TX USA DeptID: 0000003542 Org Cd: 90684100						
<b>EMPLOYEE DATA</b>												
23. Veterans Preference (b) (6)					24. Tenure 1			25. Agency Use 8		26. Veterans Preference for RIF (b) (6)		
27. FEGLI (b) (6)					28. Annuitant Indicator (b) (6)			29. Pay Rate Determinant 0 Regular Rate				
30. Retirement Plan K FERS and FICA					31. Service Comp. Date (Leave) (b) (6)			32. Work Schedule F Full Time			33. Part-Time Hours Per Biweekly Pay Period 00	
<b>POSITION DATA</b>												
34. Position Occupied 1				35. FLSA Category E		36. Appropriation Code			37. Bargaining Unit Status 0011			
38. Duty Station Code 48-1730-113				39. Duty Station (City-County-State or Overseas Location) Dallas Dallas TX USA								
40. Agency Data 556		41. 08-07-2005		42.		43. AYM ABK		44. PAR Number:				
45. Remarks - Salary includes a general increase of 2.1 percent and a locality payment applicable in this area.												
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official  Human Resources Specialist						
47. Agency Code EP00		48. Personnel Office ID 3262		49. Approval Date 01-08-2006								

2 - OPF Copy - Long-Term Record - DO NOT DESTROY

Editions Prior to 7/91 Are Not Usable After 6/30/93



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Jones, Johnnie M.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 08-07-2005			
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>						
5-A. Code 893		5-B. Nature of Action WGI			6-A. Code		6-B. Nature of Action				
5-C. Code Q7M		5-D. Legal Authority Reg 531.404. Within grade increase.			6-C. Code		6-D. Legal Authority				
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number Information Technology Specialist Job Code: 004397 Position: 00032475					15. TO: Position Title and Number Information Technology Specialist Job Code: 004397 Position: 00032475						
8. Pay Plan GS	9. Occ. Code 2210	10. Grade or Lvl 13	11. Step or Rate 02	12. Total Salary \$76,668.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 2210	18. Grade or Lvl 13	19. Step or Rate 03	20. Total Salary/Award \$79,141.00	21. Pay Basis PA
12A. Basic Pay \$66,627.00		12B. Locality Adj. \$10,041.00		12C. Adj. Basic Pay \$76,668.00		12D. Other Pay \$0		20A. Basic Pay \$68,776.00		20B. Locality Adj. \$10,365.00	
								20C. Adj. Basic Pay \$79,141.00		20D. Other Pay \$0	
14. Name and Location of Position's Organization Environmental Protection Agency Region 6 Dallas, Multimedia Planning & Permitting Div., Strategic Planning/Information Management Section Dallas TX USA DeptID: 0000003542 Org Cd: 90684100					22. Name and Location of Position's Organization Environmental Protection Agency Region 6 Dallas, Multimedia Planning & Permitting Div., Strategic Planning/Information Management Section Dallas TX USA DeptID: 0000003542 Org Cd: 90684100						
<b>EMPLOYEE DATA</b>											
23. Veterans Preference (b) (6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30%					24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite		25. Agency Use 8		26. Veterans Preference for RIF (b) (6)		
27. FEGLI (b) (6)					28. Annuitant Indicator (b) (6)			29. Pay Rate Determinant 0 0 Regular Rate			
30. Retirement Plan K FERS and FICA			31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F Full Time			33. Part-Time Hours Per Biweekly Pay Period 00			
<b>POSITION DATA</b>											
34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved			35. FLSA Category E E-Exempt N-Nonexempt		36. Appropriation Code			37. Bargaining Unit Status 0011			
38. Duty Station Code 48-1730-113			39. Duty Station (City-County-State or Overseas Location) Dallas Dallas TX USA								
40. Agency Data 556		41. 08-07-2005		42.		43. AYM ABK		44. PAR Number:			
45. Remarks - Work performance is at an acceptable level of competence. - The waiting period for your next within-grade increase is 52 weeks from the above effective date. This period can be changed by an equivalent increase action, extended leave without pay, or non-work days if intermittent.											
46. Employing Department or Agency Environmental Protection Agency					50. Signature/Authentication and Title of Approving Official John J. Copley Human Resources Specialist						
47. Agency Code EP00		48. Personnel Office ID 3262		49. Approval Date 08-07-2005							

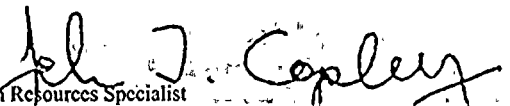
2. OFE Copy - Long Term Record - DO NOT DESTROY

Editions Prior to 7/91 Are Not Usable After 6/30/93





## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Jones, Johnnie M.				2. Social Security Number (b) (6)		3. Date of Birth (b) (6)		4. Effective Date 01-09-2005			
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>						
5-A. Code 894		5-B. Nature of Action Pay Adj			6-A. Code		6-B. Nature of Action				
5-C. Code QWM		5-D. Legal Authority Reg 531.205. Pay conv at time of annual pay adj			6-C. Code		6-D. Legal Authority				
5-E. Code ZLM		5-F. Legal Authority E.O. 13282			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number Information Technology Specialist Job Code: 004397 Position: 00032475					15. TO: Position Title and Number Information Technology Specialist Job Code: 004397 Position: 00032475						
8. Pay Plan GS	9. Occ. Code 2210	10. Grade or Lvl 13	11. Step or Rate 02	12. Total Salary \$74,005.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 2210	18. Grade or Lvl 13	19. Step or Rate 02	20. Total Salary/Award \$76,668.00	21. Pay Basis PA
12A. Basic Pay \$65,002.00		12B. Locality Adj. \$9,003.00		12C. Adj. Basic Pay \$74,005.00		20A. Basic Pay \$66,627.00		20B. Locality Adj. \$10,041.00		20C. Adj. Basic Pay \$76,668.00	
				12D. Other Pay \$0						20D. Other Pay \$0	
14. Name and Location of Position's Organization Environmental Protection Agency Region 6 Dallas, Multimedia Planning & Permitting Div., Strategic Planning/Information Management Section Dallas TX USA DeptID: 0000003542 Org Cd: 90684100					22. Name and Location of Position's Organization Environmental Protection Agency Region 6 Dallas, Multimedia Planning & Permitting Div., Strategic Planning/Information Management Section Dallas TX USA DeptID: 0000003542 Org Cd: 90684100						
<b>EMPLOYEE DATA</b>											
23. Veterans Preference (b) (6) 1-None 2-5 Point 3-10 Point/Disability 4-10 Point/Compensable 5-10 Point/Other 6-10 Point/Compensable/30%					24. Tenure 1 0-None 1-Permanent 2-Conditional 3-Indefinite		25. Agency Use 8		26. Veterans Preference for RIP (b) (6)		
27. FEGLI (b) (6)					28. Annuitant Indicator (b) (6)		29. Pay Rate Determinant 0 Regular Rate				
30. Retirement Plan K FERS and FICA			31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F Full Time			33. Part-Time Hours Per Biweekly Pay Period 00			
<b>POSITION DATA</b>											
34. Position Occupied 1 1-Competitive Service 2-Excepted Service 3-SES General 4-SES Career Reserved				35. FLSA Category E E-Exempt N-Nonexempt		36. Appropriation Code			37. Bargaining Unit Status 0011		
38. Duty Station Code 48-1730-113				39. Duty Station (City-County-State or Overseas Location) Dallas Dallas TX USA							
40. Agency Data 556		41. 08-08-2004		42.		43. AYM ABK		44. PAR Number:			
45. Remarks - Salary includes a general increase of 2.5 percent and a locality payment applicable in this area:											
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official  Human Resources Specialist					
47. Agency Code EP00		48. Personnel Office ID 3262		49. Approval Date 01-09-2005							

2 - OPF Copy - Long-Term Record - DO NOT DESTROY

Editions Prior to 7/91 Are Not Usable After 6/30/93




## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Jones, Johnnie M.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 01-09-2005			
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>						
5-A. Code 002		5-B. Nature of Action Correction			6-A. Code 894		6-B. Nature of Action Pay Adj				
5-C. Code		5-D. Legal Authority			6-C. Code QWM		6-D. Legal Authority Reg 531.205. Pay conv at time of annual pay adj				
5-E. Code		5-F. Legal Authority			6-E. Code ZLM		6-F. Legal Authority E.O. 13282				
7. FROM: Position Title and Number Information Technology Specialist Job Code: 004397 Position: 00032475					15. TO: Position Title and Number Information Technology Specialist Job Code: 004397 Position: 00032475						
8. Pay Plan GS	9. Occ. Code 2210	10. Grade or Lvl 13	11. Step or Rate 02	12. Total Salary \$76,668.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 2210	18. Grade or Lvl 13	19. Step or Rate 02	20. Total Salary/Award \$76,668.00	21. Pay Basis PA
12A. Basic Pay \$66,627.00		12B. Locality Adj. \$10,041.00		12C. Adj. Basic Pay \$76,668.00		12D. Other Pay \$0		20A. Basic Pay \$66,627.00		20B. Locality Adj. \$10,041.00	
								20C. Adj. Basic Pay \$76,668.00		20D. Other Pay \$0	
14. Name and Location of Position's Organization Environmental Protection Agency Region 6 Dallas, Multimedia Planning & Permitting Div., Strategic Planning/Information Management Section Dallas TX USA DeptID: 0000003542 Org Cd: 90684100					22. Name and Location of Position's Organization Environmental Protection Agency Region 6 Dallas, Multimedia Planning & Permitting Div., Strategic Planning/Information Management Section Dallas TX USA DeptID: 0000003542 Org Cd: 90684100						
<b>EMPLOYEE DATA</b>											
23. Veterans Preference (b) (6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30%					24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite		25. Agency Use 8		26. Veterans Preference for RIF (b) (6)		
27. FEGLI (b) (6)					28. Annuitant Indicator (b) (6)		29. Pay Rate Determinant 0 0 Regular Rate				
30. Retirement Plan K FERS and FICA					31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F Full Time		33. Part-Time Hours Per Biweekly Pay Period 00		
<b>POSITION DATA</b>											
34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved				35. FLSA Category E E-Exempt N-Nonexempt		36. Appropriation Code			37. Bargaining Unit Status 0011		
38. Duty Station Code 48-1730-113				39. Duty Station (City-County-State or Overseas Location) Dallas Dallas TX USA							
40. Agency Data 556		41. 08-08-2004		42.		43. AYM ABK		44. PAR Number:			
45. Remarks - Also corrects same item(s) on personnel action 893 WGI dated 10-03-04. - Corrects item 26 from NO.											
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official John J. Copley Human Resources Specialist					
47. Agency Code EP00		48. Personnel Office ID 3262		49. Approval Date 01-09-2005							



# NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>08-08-04</b>			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code <b>B93</b>		5-B. Nature of Action <b>WITHIN-GRADE INC</b>		6-A. Code		6-B. Nature of Action					
5-C. Code <b>Q7M</b>		5-D. Legal Authority <b>REG 531.404</b>		6-C. Code		6-D. Legal Authority					
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number <b>0032475</b> <b>INFORMATION TECHNOLOGY SPECIALIST</b>				15. TO: Position Title and Number <b>0032475</b> <b>INFORMATION TECHNOLOGY SPECIALIST</b>							
8. Pay Plan <b>GS</b>		9. Occ. Code <b>2210</b>		10. Grade/Level <b>13</b>		11. Step/Rate <b>01</b>		12. Total Salary <b>\$71617.00</b>		13. Pay Basis <b>PA</b>	
12A. Basic Pay <b>42905.00</b>		12B. Locality Adj. <b>8712.00</b>		12C. Adj. Basic Pay <b>71617.00</b>		12D. Other Pay		16. Pay Plan <b>GS</b>		17. Occ. Code <b>2210</b>	
18. Grade/Level <b>13</b>		19. Step/Rate <b>02</b>		20. Total Salary/Award <b>\$74005.00</b>		21. Pay Basis <b>PA</b>		20A. Basic Pay <b>65002.00</b>		20B. Locality Adj. <b>9003.00</b>	
20C. Adj. Basic Pay <b>74005.00</b>		20D. Other Pay		22. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>STRATEGIC PLANNING/INFORMATION</b> <b>MANAGEMENT SECTION</b> <b>DALLAS, TEXAS</b>							
23. Veterans Preference <b>(b) (6)</b>				24. Tenure <b>1</b>				25. Agency Use <b>B</b>		26. Veterans Preference for RIF <b>(b) (6)</b>	
27. FEGLI <b>(b) (6)</b>				28. Annuitant Indicator <b>(b) (6)</b>				29. Pay Rate Determinant <b>0</b>			
30. Retirement Plan <b>K</b>				31. Service Comp. Date (Leave) <b>(b) (6)</b>				32. Work Schedule <b>F</b>			
33. Part-Time Hours Per Biweekly Pay Period <b>00</b>				34. Position Occupied <b>1</b>				35. FLSA Category <b>E</b>		36. Appropriation Code <b>0405B 8520</b>	
37. Bargaining Unit Status <b>0011</b>				38. Duty Station Code <b>48-1730-113</b>				39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>			
40. AGENCY DATA <b>556</b>		41. <b>08-08-04</b>		42.		43. <b>AYM ABK</b>		44. <b>09-11-94 Y 01-04-98 A</b>			
45. Remarks <b>WORK PERFORMANCE IS AT AN ACCEPTABLE LEVEL OF COMPETENCE.</b> <b>THE WAITING PERIOD FOR YOUR NEXT WITHIN-GRADE INCREASE IS 52 WEEKS</b> <b>FROM THE ABOVE EFFECTIVE DATE. THIS PERIOD CAN BE CHANGED BY AN EQUIV-</b> <b>ALENT INCREASE ACTION, EXTENDED LEAVE WITHOUT PAY, OR NON-WORK DAYS IF</b> <b>INTERMITTENT.</b>											

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			50. Signature/Authentication and Title of Approving Official  <b>PERSONNEL MGMT SPECIALIST</b>		
47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3262</b>		49. Approval Date <b>08-08-04</b>	

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>					2. Social Security Number <b>(b) (6)</b>					3. Date of Birth <b>(b) (6)</b>					4. Effective Date <b>01-11-04</b>																
<b>FIRST ACTION</b>										<b>SECOND ACTION</b>																					
5-A. Code <b>002</b>					5-B. Nature of Action <b>CORRECTION</b>					6-A. Code <b>894</b>					6-B. Nature of Action <b>PAY ADJ</b>																
5-C. Code					5-D. Legal Authority					6-C. Code <b>QWM</b>					6-D. Legal Authority <b>REG 531.205</b>																
5-E. Code					5-F. Legal Authority					6-E. Code <b>ZLM</b>					6-F. Legal Authority																
7. FROM: Position Title and Number										15. TO: Position Title and Number <b>0032475</b> <b>INFORMATION TECHNOLOGY SPECIALIST</b>																					
8. Pay Plan		9. Occ. Code		10. Grade/Level		11. Step/Rate		12. Total Salary		13. Pay Basis		16. Pay Plan <b>GS</b>		17. Occ. Code <b>2210</b>		18. Grade/Level <b>13</b>		19. Step/Rate <b>01</b>		20. Total Salary/Award <b>\$71617.00</b>		21. Pay Basis <b>PA</b>									
12A. Basic Pay <b>0.00</b>		12B. Locality Adj.		12C. Adj. Basic Pay <b>0.00</b>		12D. Other Pay		20A. Basic Pay <b>62905.00</b>		20B. Locality Adj. <b>8712.00</b>		20C. Adj. Basic Pay <b>71617.00</b>		20D. Other Pay																	
14. Name and Location of Position's Organization										22. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>STRATEGIC PLANNING/INFORMATION</b> <b>MANAGEMENT SECTION</b> <b>DALLAS, TEXAS</b>																					
<b>EMPLOYEE DATA</b>																															
23. Veterans Preference <b>(b) (6)</b> 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%										24. Tenure <b>1</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite										25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>									
27. FEGLI <b>(b) (6)</b>										28. Annuitant Indicator <b>(b) (6)</b>										29. Pay Rate Determinant <b>0</b>											
30. Retirement Plan <b>K</b> <b>FERS &amp; FICA</b>										31. Service Comp. Rate (Leave) <b>(b) (6)</b>										32. Work Schedule <b>F</b> <b>FULL TIME</b>										33. Part-Time Hours Per Biweekly Pay Period <b>00</b>	
<b>POSITION DATA</b>																															
34. Position Occupied <b>1</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved										35. FLSA Category <b>E</b> E - Exempt N - Nonexempt										36. Appropriation Code <b>8520</b>										37. Bargaining Unit Status <b>0011</b>	
38. Duty Station Code <b>48-1730-113</b>										39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>																					
40. AGENCY DATA <b>556</b>		41. <b>08-10-03</b>		42.		43. <b>AYM ABK</b>		44. <b>09-11-94 Y 01-04-98 A</b>																							
45. Remarks <b>SALARY INCLUDES A GENERAL INCREASE OF 2.7 PERCENT AND A LOCALITY PAYMENT APPLICABLE IN THIS AREA.</b>																															

46. Employing Department or Agency  
**ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code  
**EP 00**

48. Personnel Office ID  
**3262**

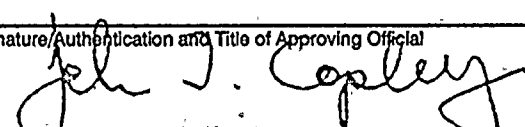
49. Approval Date  
**01-11-04**

50. Signature/Authentication and Title of Approving Official

**PERSONNEL MGMT. SPECIALIST**

# NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>						2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>01-11-04</b>							
<b>FIRST ACTION</b>						<b>SECOND ACTION</b>											
5-A. Code <b>894</b>		5-B. Nature of Action <b>PAY ADJ</b>				6-A. Code		6-B. Nature of Action									
5-C. Code <b>QWM</b>		5-D. Legal Authority <b>REG 531.205</b>				6-C. Code		6-D. Legal Authority									
5-E. Code <b>ZLM</b>		5-F. Legal Authority <b>E.O. 13322</b>				6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number <b>0032475</b> <b>INFORMATION TECHNOLOGY SPECIALIST</b>						15. TO: Position Title and Number <b>0032475</b> <b>INFORMATION TECHNOLOGY SPECIALIST</b>											
8. Pay Plan <b>GS</b>		9. Occ. Code <b>2210</b>		10. Grade/Level <b>13</b>		11. Step/Rate <b>01</b>		12. Total Salary <b>\$68662.00</b>		13. Pay Basis <b>PA</b>							
12A. Basic Pay <b>61251.00</b>		12B. Locality Adj. <b>7411.00</b>		12C. Adj. Basic Pay <b>68662.00</b>		12D. Other Pay		16. Pay Plan <b>GS</b>		17. Occ. Code <b>2210</b>							
18. Grade/Level <b>13</b>		19. Step/Rate <b>01</b>		20. Total Salary/Award <b>\$70090.00</b>		21. Pay Basis <b>PA</b>		20A. Basic Pay <b>62170.00</b>		20B. Locality Adj. <b>7920.00</b>							
20C. Adj. Basic Pay <b>70090.00</b>		20D. Other Pay		22. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>STRATEGIC PLANNING/INFORMATION</b> <b>MANAGEMENT SECTION</b> <b>DALLAS, TEXAS</b>													
23. Veterans Preference <b>(b) (6)</b> • None • 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%												24. Tenure <b>1</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>	
27. FEGLI <b>(b) (6)</b>												28. Annuitant Indicator		29. Pay Rate Determinant <b>0</b>			
30. Retirement Plan <b>K</b> <b>FERS &amp; FICA</b>				31. Service Comp. Date (Leave) <b>(b) (6)</b>				32. Work Schedule <b>F</b> <b>FULL TIME</b>				33. Part-Time Hours Per Biweekly Pay Period <b>00</b>					
34. Position Occupied <b>1</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt				36. Appropriation Code <b>8520</b>				37. Bargaining Unit Status <b>0011</b>					
38. Duty Station Code <b>48-1730-113</b>				39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>													
40. AGENCY DATA <b>556</b>		41. <b>08-10-03</b>		42.		43. <b>AYM ABK</b>		44. <b>09-11-94 Y 01-04-98 A</b>									
45. Remarks <b>SALARY INCLUDES A GENERAL INCREASE OF 1.5 PERCENT AND A</b> <b>LOCALITY PAYMENT APPLICABLE IN THIS AREA.</b>																	

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			50. Signature/Authentication and Title of Approving Official  <b>PERSONNEL MGMT. SPECIALIST</b>		
47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3262</b>		49. Approval Date <b>01-11-04</b>	



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>					2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>08-10-03</b>														
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>																		
5-A. Code <b>702</b>		5-B. Nature of Action <b>PROMOTION</b>			6-A. Code		6-B. Nature of Action																
5-C. Code <b>N7M</b>		5-D. Legal Authority <b>REG 335.102 RECLASS</b>			6-C. Code		6-D. Legal Authority																
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority																
7. FROM: Position Title and Number <b>0009326 ENVIRONMENTAL PROTECTION SPECIALIST</b>					15. TO: Position Title and Number <b>0032475 INFORMATION TECHNOLOGY SPECIALIST</b>																		
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0028</b>		10. Grade/Level <b>12</b>		11. Step/Rate <b>04</b>		12. Total Salary <b>\$63515.00</b>		13. Pay Basis <b>PA</b>		16. Pay Plan <b>GS</b>		17. Occ. Code <b>2210</b>		18. Grade/Level <b>13</b>		19. Step/Rate <b>01</b>		20. Total Salary/Award <b>\$68662.00</b>		21. Pay Basis <b>PA</b>	
12A. Basic Pay <b>56659.00</b>		12B. Locality Adj. <b>6856.00</b>		12C. Adj. Basic Pay <b>63515.00</b>		12D. Other Pay		20A. Basic Pay <b>61251.00</b>		20B. Locality Adj. <b>7411.00</b>		20C. Adj. Basic Pay <b>68662.00</b>		20D. Other Pay									
14. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., STRATEGIC PLANNING/INFORMATION MANAGEMENT SECTION DALLAS, TEXAS</b>					22. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., STRATEGIC PLANNING/INFORMATION MANAGEMENT SECTION DALLAS, TEXAS</b>																		
23. Veterans Preference <b>(b) (6)</b> 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%					24. Tenure <b>1</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>														
27. FEGLI <b>(b) (6)</b>					28. Annuitant Indicator <b>(b) (6)</b>		29. Pay Rate Determinant <b>0</b>																
30. Retirement Plan <b>K FERS &amp; FICA</b>					31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F FULL TIME</b>		33. Part-Time Hours Per Biweekly Pay Period <b>00</b>														
34. Position Occupied <b>1</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved					35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code <b>8520</b>		37. Bargaining Unit Status <b>0011</b>														
38. Duty Station Code <b>48-1730-113</b>					39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>																		
40. AGENCY DATA <b>556</b>		41. <b>08-10-03</b>		42.		43. <b>AYM ABK</b>		44. <b>09-11-94 Y 01-04-98 A</b>															
45. Remarks <b>RESULT OF ADDITIONAL DUTIES AND RESPONSIBILITIES.</b>																							

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			49. Approval Date <b>08-08-03</b>			50. Signature/Authentication and Title of Approving Official <b>PERSONNEL MGMT SPECIALIST</b>			
47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3262</b>							

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>					2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>04-20-03</b>														
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>																		
5-A. Code <b>B93</b>		5-B. Nature of Action <b>WITHIN-GRADE INC</b>			6-A. Code		6-B. Nature of Action																
5-C. Code <b>Q7M</b>		5-D. Legal Authority <b>REG 531.404</b>			6-C. Code		6-D. Legal Authority																
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority																
7. FROM: Position Title and Number <b>0009326</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>					15. TO: Position Title and Number <b>0009326</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>																		
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0028</b>		10. Grade/Level <b>12</b>		11. Step/Rate <b>03</b>		12. Total Salary <b>\$61590.00</b>		13. Pay Basis <b>PA</b>		16. Pay Plan <b>GS</b>		17. Occ. Code <b>0028</b>		18. Grade/Level <b>12</b>		19. Step/Rate <b>04</b>		20. Total Salary/Award <b>\$63515.00</b>		21. Pay Basis <b>PA</b>	
12A. Basic Pay <b>54942.00</b>		12B. Locality Adj. <b>6648.00</b>		12C. Adj. Basic Pay <b>61590.00</b>		12D. Other Pay		20A. Basic Pay <b>56659.00</b>		20B. Locality Adj. <b>6856.00</b>		20C. Adj. Basic Pay <b>63515.00</b>		20D. Other Pay									
14. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>INFORMATION MANAGEMENT SECTION</b>  <b>DALLAS, TEXAS</b>					22. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>INFORMATION MANAGEMENT SECTION</b>  <b>DALLAS, TEXAS</b>																		
<b>EMPLOYEE DATA</b>					<b>24. Tenure</b> <input checked="" type="checkbox"/> 1 - None <input type="checkbox"/> 0 - None <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 3 - Indefinite							<b>25. Agency Use</b> <input checked="" type="checkbox"/> 8		<b>26. Veterans Preference for RIF</b> <b>(b) (6)</b>									
<b>23. Veterans Preference</b> <input checked="" type="checkbox"/> (b) (6) <input type="checkbox"/> 1 - None <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 6 - 10-Point/Compensable/30%					<b>27. FEGLI</b> <b>(b) (6)</b>							<b>28. Annuitant Indicator</b> <b>(b) (6)</b>		<b>29. Pay Rate Determinant</b> <b>0</b>									
<b>30. Retirement Plan</b> <input checked="" type="checkbox"/> <b>FERS &amp; FICA</b>					<b>31. Service Comp. Date (Leave)</b> <b>(b) (6)</b>		<b>32. Work Schedule</b> <input checked="" type="checkbox"/> <b>F FULL TIME</b>					<b>33. Part-Time Hours Per Biweekly Pay Period</b> <b>00</b>											
<b>POSITION DATA</b>					<b>34. Position Occupied</b> <input checked="" type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 4 - SES Career Reserved		<b>35. FLSA Category</b> <input checked="" type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt		<b>36. Appropriation Code</b> <b>0304B</b> <b>8520</b>		<b>37. Bargaining Unit Status</b> <b>0011</b>												
<b>38. Duty Station Code</b> <b>48-1730-113</b>					<b>39. Duty Station (City - County - State or Overseas Location)</b> <b>DALLAS, TEXAS</b>																		
<b>40. AGENCY DATA</b> <b>400</b>		<b>41.</b> <b>04-20-03</b>		<b>42.</b>		<b>43.</b> <b>AYM ABK</b>		<b>44.</b> <b>09-11-94 Y 01-04-98 A</b>															
<b>45. Remarks</b> WORK PERFORMANCE IS AT AN ACCEPTABLE LEVEL OF COMPETENCE. THE WAITING PERIOD FOR YOUR NEXT WITHIN-GRADE INCREASE IS 104 WEEKS FROM THE ABOVE EFFECTIVE DATE. THIS PERIOD CAN BE CHANGED BY AN EQUIV- ALENT INCREASE ACTION, EXTENDED LEAVE WITHOUT PAY, OR NON-WORK DAYS IF INTERMITTENT.																							

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>					50. Signature/Authentication and Title of Approving Official  <b>PERSONNEL MGMT. SPECIALIST</b>						
47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3262</b>		49. Approval Date <b>04-20-03</b>							



# NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>01-12-03</b>			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code <b>895</b>		5-B. Nature of Action <b>LOCALITY PAYMENT</b>		6-A. Code		6-B. Nature of Action					
5-C. Code <b>VGR</b>		5-D. Legal Authority <b>5 U. S. C. 5304</b>		6-C. Code		6-D. Legal Authority					
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number <b>0009326</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>				15. TO: Position Title and Number <b>0009326</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>							
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0028</b>		10. Grade/Level <b>12</b>		11. Step/Rate <b>03</b>		12. Total Salary <b>\$60931.00</b>		13. Pay Basis <b>PA</b>	
12A. Basic Pay <b>54942.00</b>		12B. Locality Adj. <b>5989.00</b>		12C. Adj. Basic Pay <b>60931.00</b>		12D. Other Pay		20A. Basic Pay <b>54942.00</b>		20B. Locality Adj. <b>6648.00</b>	
								20C. Adj. Basic Pay <b>61590.00</b>		20D. Other Pay	
14. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>INFORMATION MANAGEMENT SECTION</b>  <b>DALLAS, TEXAS</b>				22. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>INFORMATION MANAGEMENT SECTION</b>  <b>DALLAS, TEXAS</b>							
<b>EMPLOYEE DATA</b>				24. Tenure <b>1</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite				25. Agency Use <b>8</b>		26. Veterans Preference for BIF <b>(b) (6)</b>	
23. Veterans Preference <b>(b) (6)</b> 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%				28. Annuitant Indicator <b>(b) (6)</b>				29. Pay Rate Determinant <b>0</b>			
27. FEGLI <b>(b) (6)</b>				32. Work Schedule <b>F</b> FULL TIME				33. Part-Time Hours Per Biweekly Pay Period <b>00</b>			
30. Retirement Plan <b>K</b> FERS & FICA				31. Service Comp. Data (Leave) <b>(b) (6)</b>				37. Bargaining Unit Status <b>0011</b>			
<b>POSITION DATA</b>				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt				36. Appropriation Code <b>8520</b>			
34. Position Occupied <b>1</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				38. Duty Station Code <b>48-1730-113</b>				39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>			
40. AGENCY DATA <b>400</b>		41. <b>04-21-02</b>		42.		43. <b>AYM ABK</b>		44. <b>09-11-94 Y 01-04-98 A</b>			
45. Remarks <b>SALARY INCLUDES A GENERAL INCREASE OF 3.1 PERCENT AND A LOCALITY PAYMENT APPLICABLE IN THIS AREA.</b>											

46. Employing Department or Agency  
**ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code  
**EP 00**

48. Personnel Office ID  
**3262**

49. Approval Date  
**01-12-03**

50. Signature/Authentication and Title of Approving Official:

*John J. Copley*  
**PERSONNEL MGMT. SPECIALIST**



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>						2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>01-12-03</b>	
<b>FIRST ACTION</b>						<b>SECOND ACTION</b>					
5-A. Code <b>894</b>		5-B. Nature of Action <b>PAY ADJ</b>				6-A. Code		6-B. Nature of Action			
5-C. Code <b>QWM</b>		5-D. Legal Authority <b>REG 531.205</b>				6-C. Code		6-D. Legal Authority			
5-E. Code <b>ZLM</b>		5-F. Legal Authority <b>E. O. 13282</b>				6-E. Code		6-F. Legal Authority			
7. FROM: Position Title and Number <b>0009326</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>						15. TO: Position Title and Number <b>0009326</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>					
8. Pay Plan <b>GS</b>		9. Occ. Code <b>002E</b>		10. Grade/Level <b>12</b>		11. Step/Rate <b>03</b>		12. Total Salary <b>\$59098.00</b>		13. Pay Basis <b>PA</b>	
12A. Basic Pay <b>53289.00</b>		12B. Locality Adj. <b>5809.00</b>		12C. Adj. Basic Pay <b>59098.00</b>		12D. Other Pay		16. Pay Plan <b>GS</b>		17. Occ. Code <b>002E</b>	
18. Grade/Level <b>12</b>		19. Step/Rate <b>03</b>		20. Total Salary/Award <b>\$60931.00</b>		21. Pay Basis <b>PA</b>		20A. Basic Pay <b>54942.00</b>		20B. Locality Adj. <b>5989.00</b>	
20C. Adj. Basic Pay <b>60931.00</b>		20D. Other Pay		22. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>INFORMATION MANAGEMENT SECTION</b>  <b>DALLAS, TEXAS</b>		24. Tenure <b>1</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>	
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 2 - 5-Point 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%		27. FEGLI <b>(b) (6)</b>		28. Annuitant Indicator <b>(b) (6)</b>		29. Pay Rate Determinant <b>0</b>		30. Retirement Plan <b>K</b> FERS & FICA		31. Service Comp. Date (Leave) <b>(b) (6)</b>	
32. Work Schedule <b>F</b> FULL TIME		33. Part-Time Hours Per Biweekly Pay Period <b>00</b>		34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved		35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code <b>8520</b>		37. Bargaining Unit Status <b>0011</b>	
38. Duty Station Code <b>48-1730-113</b>		39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>		40. AGENCY DATA <b>400</b>		41. <b>04-21-02</b>		42.		43. <b>AYM ABK</b>	
44. <b>09-11-94 Y</b>		45. <b>01-04-98 A</b>		45. Remarks <b>SALARY INCLUDES A GENERAL INCREASE OF 3.1 PERCENT AND A</b> <b>LOCALITY PAYMENT APPLICABLE IN THIS AREA.</b>		46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>		47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3262</b>	
49. Approval Date <b>01-12-03</b>		50. Signature/Authentication and Title of Approving Official <b>John J. Capley</b> <b>PERSONNEL MGMT. SPECIALIST</b>		3-Part 50-315		able After 6/30/93 7540-01-333-6237		This is an 'official' document generated from the eOPF system.			

46. Employing Department or Agency  
**ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code  
**EP 00**

48. Personnel Office ID  
**3262**

49. Approval Date  
**01-12-03**

50. Signature/Authentication and Title of Approving Official  
**John J. Capley**  
**PERSONNEL MGMT. SPECIALIST**

## NOTIFICATION OF PERSONNEL ACTION

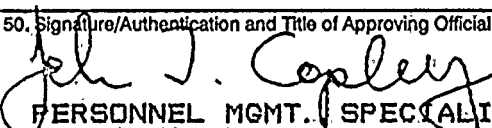
1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>					2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>[REDACTED]</b>		4. Effective Date <b>04-21-02</b>														
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>																		
5-A. Code <b>B93</b>		5-B. Nature of Action <b>WITHIN-GRADE INC</b>			6-A. Code		6-B. Nature of Action																
5-C. Code <b>Q7M</b>		5-D. Legal Authority <b>REG 531.404</b>			6-C. Code		6-D. Legal Authority																
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority																
7. FROM: Position Title and Number <b>0009326 ENVIRONMENTAL PROTECTION SPECIALIST</b>					15. TO: Position Title and Number <b>0009326 ENVIRONMENTAL PROTECTION SPECIALIST</b>																		
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0028</b>		10. Grade/Level <b>12</b>		11. Step/Rate <b>02</b>		12. Total Salary <b>\$57251.00</b>		13. Pay Basis <b>PA</b>		16. Pay Plan <b>GS</b>		17. Occ. Code <b>0028</b>		18. Grade/Level <b>12</b>		19. Step/Rate <b>03</b>		20. Total Salary/Award <b>\$59098.00</b>		21. Pay Basis <b>PA</b>	
12A. Basic Pay <b>51624.00</b>		12B. Locality Adj. <b>5627.00</b>		12C. Adj. Basic Pay <b>57251.00</b>		12D. Other Pay		20A. Basic Pay <b>53289.00</b>		20B. Locality Adj. <b>5809.00</b>		20C. Adj. Basic Pay <b>59098.00</b>		20D. Other Pay									
14. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS</b>					22. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS</b>																		
<b>EMPLOYEE DATA</b>					<b>24. Tenure</b>							<b>25. Agency Use</b>		<b>26. Veterans Preference for RIF</b>									
<b>(b) (6)</b>					<b>1</b>							<b>8</b>		<b>(b) (6)</b>									
<b>27. FEGLI</b>					<b>(b) (6)</b>							<b>29. Pay Rate Determinant</b>		<b>0</b>									
<b>30. Retirement Plan</b>					<b>31. Service Comp. Date (Leave)</b>		<b>32. Work Schedule</b>		<b>33. Part-Time Hours Per Biweekly Pay Period</b>														
<b>K FERS &amp; FICA</b>					<b>(b) (6)</b>		<b>F FULL TIME</b>		<b>00</b>														
<b>POSITION DATA</b>					<b>34. Position Occupied</b>							<b>35. FLSA Category</b>		<b>36. Appropriation Code</b>		<b>37. Bargaining Unit Status</b>							
<b>1</b>					<b>1 - Competitive Service</b>		<b>3 - SES General</b>		<b>E - Exempt</b>		<b>0203B</b>		<b>8520</b>		<b>0011</b>								
<b>2 - Excepted Service</b>					<b>4 - SES Career Reserved</b>		<b>N - Nonexempt</b>																
<b>38. Duty Station Code</b>					<b>39. Duty Station (City - County - State or Overseas Location)</b>																		
<b>48-1730-113</b>					<b>DALLAS, TEXAS</b>																		
<b>40. AGENCY DATA</b>		<b>41.</b>		<b>42.</b>		<b>43.</b>		<b>44.</b>															
<b>400</b>		<b>04-21-02</b>				<b>AYM ABK</b>		<b>09-11-94 Y 01-04-98 A</b>															
<b>45. Remarks</b>																							

WORK PERFORMANCE IS AT AN ACCEPTABLE LEVEL OF COMPETENCE.  
THE WAITING PERIOD FOR YOUR NEXT WITHIN-GRADE INCREASE IS 52 WEEKS  
FROM THE ABOVE EFFECTIVE DATE. THIS PERIOD CAN BE CHANGED BY AN EQUIV-  
ALENT INCREASE ACTION, EXTENDED LEAVE WITHOUT PAY, OR NON-WORK DAYS IF  
INTERMITTENT.

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			50. Signature/Authentication and Title of Approving Official <b>[Signature]</b> <b>PERSONNEL UNIT SPECIALIST</b>		
47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3262</b>		49. Approval Date <b>04-21-02</b>	

# NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>				2. Social Security Number <b>(b) (6)</b>				3. Date of Birth <b>(b) (6)</b>				4. Effective Date <b>01-13-02</b>																			
<b>FIRST ACTION</b>								<b>SECOND ACTION</b>																							
5-A. Code <b>874</b>		5-B. Nature of Action <b>PAY ADJ</b>						6-A. Code		6-B. Nature of Action																					
5-C. Code <b>QWM</b>		5-D. Legal Authority <b>REG 531. 205</b>						6-C. Code		6-D. Legal Authority																					
5-E. Code <b>ZLM</b>		5-F. Legal Authority <b>E. O. 13249</b>						6-E. Code		6-F. Legal Authority																					
7. FROM: Position Title and Number <b>0009326</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>								15. TO: Position Title and Number <b>0009326</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>																							
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0028</b>		10. Grade/Level <b>12</b>		11. Step/Rate <b>02</b>		12. Total Salary <b>\$54668. 00</b>		13. Pay Basis <b>PA</b>		16. Pay Plan <b>GS</b>		17. Occ. Code <b>0028</b>		18. Grade/Level <b>12</b>		19. Step/Rate <b>02</b>		20. Total Salary/Award <b>\$57251. 00</b>		21. Pay Basis <b>PA</b>									
12A. Basic Pay <b>49830. 00</b>				12B. Locality Adj. <b>4838. 00</b>				12C. Adj. Basic Pay <b>54668. 00</b>				12D. Other Pay				20A. Basic Pay <b>51624. 00</b>				20B. Locality Adj. <b>5627. 00</b>				20C. Adj. Basic Pay <b>57251. 00</b>				20D. Other Pay			
14. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>INFORMATION MANAGEMENT SECTION</b>  <b>DALLAS, TEXAS</b>												22. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>INFORMATION MANAGEMENT SECTION</b>  <b>DALLAS, TEXAS</b>																			
<b>EMPLOYEE DATA</b>												<b>24. Tenure</b>												<b>25. Agency Use</b>				<b>26. Veterans Preference for RIF</b>			
<b>23. Veterans Preference</b> <b>(b) (6)</b> None 3 - 10-Point/Disability 5 - 10-Point/Other 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%												<b>24. Tenure</b> <b>1</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite												<b>25. Agency Use</b> <b>8</b>				<b>26. Veterans Preference for RIF</b> <b>(b) (6)</b>			
<b>27. FEGLI</b> <b>(b) (6)</b>												<b>28. Annuitant Indicator</b> <b>(b) (6)</b>												<b>29. Pay Rate Determinant</b> <b>0</b>							
<b>30. Retirement Plan</b> <b>K FERS &amp; FICA</b>								<b>31. Service Comp. Data (Leave)</b> <b>(b) (6)</b>				<b>32. Work Schedule</b> <b>F FULL TIME</b>				<b>33. Part-Time Hours Per Biweekly Pay Period</b> <b>00</b>															
<b>POSITION DATA</b>								<b>34. Position Occupied</b> <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved								<b>35. FLSA Category</b> <b>E</b> E - Exempt N - Nonexempt				<b>36. Appropriation Code</b> <b>8520</b>				<b>37. Bargaining Unit Status</b> <b>0011</b>							
<b>38. Duty Station Code</b> <b>48-1730-113</b>								<b>39. Duty Station (City - County - State or Overseas Location)</b> <b>DALLAS, TEXAS</b>																							
<b>40. AGENCY DATA</b> <b>400</b>				<b>41.</b> <b>04-22-01</b>				<b>42.</b>				<b>43.</b> <b>AYM ABK</b>				<b>44.</b> <b>09-11-94 Y 01-04-98 A</b>															
<b>45. Remarks</b> <b>SALARY INCLUDES A GENERAL INCREASE OF 3.6 PERCENT AND A LOCALITY PAYMENT APPLICABLE IN THIS AREA.</b>																															

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>												50. Signature/Authentication and Title of Approving Official  <b>PERSONNEL MGMT. SPECIALIST</b>											
47. Agency Code <b>EP 00</b>				48. Personnel Office ID <b>3262</b>				49. Approval Date <b>01-13-02</b>															

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>04-22-01</b>		4. Effective Date <b>04-22-01</b>			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code <b>B93</b>		5-B. Nature of Action <b>WITHIN-GRADE INC</b>		6-A. Code		6-B. Nature of Action					
5-C. Code <b>Q7M</b>		5-D. Legal Authority <b>REG 531 404</b>		6-C. Code		6-D. Legal Authority					
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number <b>6-0-120 ENVIRONMENTAL PROTECTION SPECIALIST</b>				15. TO: Position Title and Number <b>6-0-120 ENVIRONMENTAL PROTECTION SPECIALIST</b>							
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0028</b>		10. Grade/Level <b>12</b>		11. Step/Rate <b>01</b>		12. Total Salary <b>\$52905.00</b>		13. Pay Basis <b>PA</b>	
12A. Basic Pay <b>48223.00</b>		12B. Locality Adj. <b>44682.00</b>		12C. Adj. Basic Pay <b>52905.00</b>		12D. Other Pay		16. Pay Plan <b>GS</b>		17. Occ. Code <b>0028</b>	
18. Grade/Level <b>12</b>		19. Step/Rate <b>02</b>		20. Total Salary/Award <b>\$54668.00</b>		21. Pay Basis <b>PA</b>		20A. Basic Pay <b>49830.00</b>		20B. Locality Adj. <b>4838.00</b>	
20C. Adj. Basic Pay <b>54668.00</b>		20D. Other Pay		22. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION DALLAS, TEXAS</b>		22. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION DALLAS, TEXAS</b>					
23. Veterans Preference <b>(b) (6)</b>				24. Tenure <b>1</b>		25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>			
27. PEGU <b>(b) (6)</b>				28. Annuitant Indicator		29. Pay Rate Determinant <b>0</b>		30. Retirement Plan <b>K FERS &amp; FICA</b>			
31. Service Comp. Date (Leave) <b>(b) (6)</b>				32. Work Schedule <b>F FULL TIME</b>		33. Part-Time Hours Per. Biweekly Pay Period <b>00</b>		34. Position Occupied <b>1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved</b>			
35. FLSA Category <b>E</b>				36. Appropriation Code <b>0102B 8520</b>		37. Bargaining Unit Status <b>0011</b>					
38. Duty Station Code <b>48-1730-113</b>				39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>							
40. AGENCY DATA <b>400</b>		41. <b>04-22-01</b>		42.		43. <b>AYM ABK</b>		44. <b>09-11-94 Y 01-04-98 A</b>			
45. Remarks <b>WORK PERFORMANCE IS AT AN ACCEPTABLE LEVEL OF COMPETENCE. THE WAITING PERIOD FOR YOUR NEXT WITHIN-GRADE INCREASE IS 52 WEEKS FROM THE ABOVE EFFECTIVE DATE. THIS PERIOD CAN BE CHANGED BY AN EQUIV- ALENT INCREASE ACTION, EXTENDED LEAVE WITHOUT PAY, OR NON-WORK DAYS IF INTERMITTENT.</b>											

46. Employing Department or Agency  
**ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code  
**EP 00**

48. Personnel Office ID  
**3242**

49. Approval Date  
**04-22-01**

50. Signature/Authentication and Title of Approving Official  
*D. J. Calloway*  
**PERSONNEL MGMT. SPECIALIST**



# NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) JONES, JOHNNIE M.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 01-14-01							
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>											
5-A. Code B94		5-B. Nature of Action PAY ADJ		6-A. Code		6-B. Nature of Action									
5-C. Code QWM		5-D. Legal Authority REG 531, 205		6-C. Code		6-D. Legal Authority									
5-E. Code ZLM		5-F. Legal Authority E. O. 13182		6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number 6-0-120 ENVIRONMENTAL PROTECTION SPECIALIST				15. TO: Position Title and Number 6-0-120 ENVIRONMENTAL PROTECTION SPECIALIST											
8. Pay Plan GS		9. Occ. Code 0028		10. Grade/Level 12		11. Step/Rate 01		12. Total Salary \$50988.00		13. Pay Basis PA					
12A. Basic Pay 46955.00		12B. Locality Adj. 4033.00		12C. Adj. Basic Pay 50988.00		12D. Other Pay		20A. Basic Pay 48223.00		20B. Locality Adj. 4682.00					
20C. Adj. Basic Pay 52905.00		20D. Other Pay		21. Pay Basis PA		22. Total Salary/Award \$52905.00		23. Pay Basis PA		24. Pay Basis					
14. Name and Location of Position's Organization 90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING & PERMITTING DIV., INFORMATION MANAGEMENT SECTION DALLAS, TEXAS				22. Name and Location of Position's Organization 90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING & PERMITTING DIV., INFORMATION MANAGEMENT SECTION DALLAS, TEXAS											
<b>EMPLOYEE DATA</b>				<b>23. Veterans Preference</b>				<b>24. Tenure</b>				<b>25. Agency Use</b>			
(b) (6)				3 - 10-Point/Disability 4 - 10-Point/Compensable				0 - None 1 - Permanent 2 - Conditional 3 - Indefinite				8			
27. FEGLI (b) (6)				28. Annuitant Indicator				29. Pay Rate Determinant 0				30. Veterans Preference for RIF (b) (6)			
30. Retirement Plan K FERS & FICA				31. Service Compo. Date (Leave) (b) (6)				32. Work Schedule F FULL TIME				33. Part-Time Hours Per Biweekly Pay Period 00			
<b>POSITION DATA</b>				<b>34. Position Occupied</b>				<b>35. FLSA Category</b>				<b>36. Appropriation Code</b>			
1 - Competitive Service 2 - Excepted Service				3 - SES General 4 - SES Career Reserved				E - Exempt N - Nonexempt				8520			
38. Duty Station Code 48-1730-113				39. Duty Station (City - County - State or Overseas Location) DALLAS, TEXAS								37. Bargaining Unit Status 0011			
40. AGENCY DATA 400		41. 04-23-00		42.		43. AYM ABK		44. 09-11-94 Y 01-04-98 A				45. Remarks SALARY INCLUDES A GENERAL INCREASE OF 2.7 PERCENT AND A LOCALITY PAYMENT APPLICABLE IN THIS AREA.			
46. Employing Department or Agency ENVIRONMENTAL PROTECTION AGENCY				50. Signature/Authentication and Title of Approving Official PERSONNEL MGMT. SPECIALIST											
47. Agency Code EP 00		48. Personnel Office ID 3262		49. Approval Date 12-31-00		51. Signature/Authentication and Title of Approving Official PERSONNEL MGMT. SPECIALIST									

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>04-23-00</b>		4. Effective Date <b>04-23-00</b>			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code <b>702</b>		5-B. Nature of Action <b>PROMOTION</b>		6-A. Code		6-B. Nature of Action					
5-C. Code <b>N6M</b>		5-D. Legal Authority <b>REG 335.102 CAREER PROM</b>		6-C. Code		6-D. Legal Authority					
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number <b>6-7-005 ENVIRONMENTAL PROTECTION SPECIALIST</b>				15. TO: Position Title and Number <b>6-0-120 ENVIRONMENTAL PROTECTION SPECIALIST</b>							
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0028</b>		10. Grade/Level <b>11</b>		11. Step/Rate <b>02</b>		12. Total Salary <b>\$43962.00</b>		13. Pay Basis <b>PA</b>	
16. Pay Plan <b>GS</b>		17. Occ. Code <b>0028</b>		18. Grade/Level <b>12</b>		19. Step/Rate <b>01</b>		20. Total Salary/Award <b>\$50988.00</b>		21. Pay Basis <b>PA</b>	
12A. Basic Pay <b>40484.00</b>		12B. Locality Adj. <b>3478.00</b>		12C. Adj. Basic Pay <b>43962.00</b>		12D. Other Pay <b>0.00</b>		20A. Basic Pay <b>46955.00</b>		20B. Locality Adj. <b>4033.00</b>	
								20C. Adj. Basic Pay <b>50988.00</b>		20D. Other Pay <b>0.00</b>	
14. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS</b>				22. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS</b>							
<b>EMPLOYEE DATA</b>											
23. Veterans Preference <b>(b) (6)</b>				24. Tenure <b>1</b>				25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>	
27. FEGLI <b>(b) (6)</b>				28. Annuitant Indicator <b>(b) (6)</b>				29. Pay Rate Determinant <b>Q</b>			
30. Retirement Plan <b>K FERS &amp; FICA</b>				31. Service Comp. Date (Leave) <b>(b) (6)</b>				32. Work Schedule <b>F FULL TIME</b>		33. Part-Time Hours Per Biweekly Pay Period <b>00</b>	
<b>POSITION DATA</b>				34. Position Occupied <b>1</b>				35. FLSA Category <b>E</b>		36. Appropriation Code <b>8520</b>	
37. Bargaining Unit Status <b>0011</b>				38. Duty Station Code <b>48-1730-113</b>				39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>			
40. AGENCY DATA <b>400</b>		41. <b>04-23-00</b>		42.		43. <b>AYM ABK</b>		44. <b>09-11-94 Y 01-04-98 A</b>			
45. Remarks <b>THE WAITING PERIOD FOR YOUR NEXT WITHIN-GRADE INCREASE IS 52 WEEKS FROM THE ABOVE EFFECTIVE DATE. THIS PERIOD CAN BE CHANGED BY AN EQUIV- ALENT INCREASE ACTION, EXTENDED LEAVE WITHOUT PAY, OR NON-WORK DAYS IF INTERMITTENT. POSITION IS AT THE FULL PERFORMANCE LEVEL.</b>											

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			50. Signature/Authentication and Title of Approving Official <b>PERSONNEL MGMT. SPECIALIST</b>		
47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3262</b>		49. Approval Date <b>04-21-00</b>	

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>04-09-00</b>			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code <b>893</b>		5-B. Nature of Action <b>WITHIN-GRADE INC</b>		6-A. Code		6-B. Nature of Action					
5-C. Code <b>Q7M</b>		5-D. Legal Authority <b>REG 531.404</b>		6-C. Code		6-D. Legal Authority					
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number <b>6-7-005 ENVIRONMENTAL PROTECTION SPECIALIST</b>				15. TO: Position Title and Number <b>6-7-005 ENVIRONMENTAL PROTECTION SPECIALIST</b>							
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0028</b>		10. Grade/Level <b>11</b>		11. Step/Rate <b>01</b>		12. Total Salary <b>\$42543.00</b>		13. Pay Basis <b>PA</b>	
12A. Basic Pay <b>39178.00</b>		12B. Locality Adj. <b>3365.00</b>		12C. Adj. Basic Pay <b>42543.00</b>		12D. Other Pay <b>0.00</b>		16. Pay Plan <b>GS</b>		17. Occ. Code <b>0028</b>	
18. Grade/Level <b>11</b>		19. Step/Rate <b>02</b>		20. Total Salary/Award <b>\$43962.00</b>		21. Pay Basis <b>PA</b>		20A. Basic Pay <b>40484.00</b>		20B. Locality Adj. <b>3478.00</b>	
20C. Adj. Basic Pay <b>43962.00</b>		20D. Other Pay <b>0.00</b>		22. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS</b>		24. Tenure 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite <b>1</b>					
25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>		27. FEGLI <b>(b) (6)</b>		28. Annuitant Indicator		29. Pay Rate Determinant <b>0</b>		30. Retirement Plan <b>K</b>	
31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F</b>		33. Part-Time Hours Per Biweekly Pay Period <b>00</b>		34. Position Occupied 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved <b>1</b>		35. FLSA Category E - Exempt N - Nonexempt <b>E</b>		36. Appropriation Code <b>0001B 8520</b>	
37. Bargaining Unit Status <b>0011</b>		38. Duty Station Code <b>48-1730-113</b>		39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>		40. AGENCY DATA <b>300</b>		41. <b>04-09-00</b>		42.	
43. <b>AYM ABK</b>		44. <b>09-11-94 Y 01-04-98 A</b>		45. Remarks <b>WORK PERFORMANCE IS AT AN ACCEPTABLE LEVEL OF COMPETENCE. THE WAITING PERIOD FOR YOUR NEXT WITHIN-GRADE INCREASE IS 52 WEEKS FROM THE ABOVE EFFECTIVE DATE. THIS PERIOD CAN BE CHANGED BY AN EQUIV- ALENT INCREASE ACTION, EXTENDED LEAVE WITHOUT PAY, OR NON-WORK DAYS IF INTERMITTENT.</b>							

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			50. Signature/Authentication and Title of Approving Official <i>[Signature]</i> <b>PERSONNEL MGMT. SPECIALIST</b>		
47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3262</b>		49. Approval Date <b>04-09-00</b>	

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>		2. Social Security Number <b>(b) (6)</b>	3. Date of Birth <b>(b) (6)</b>	4. Effective Date <b>02-02-00</b>								
<b>FIRST ACTION</b>		<b>SECOND ACTION</b>										
5-A. Code <b>880</b>	5-B. Nature of Action <b>CHANGE IN TENURE GROUP</b>	6-A. Code	6-B. Nature of Action									
5-C. Code <b>KMM</b>	5-D. Legal Authority <b>REG 315.202</b>	6-C. Code	6-D. Legal Authority									
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority									
7. FROM: Position Title and Number <b>6-7-005 ENVIRONMENTAL PROTECTION SPECIALIST</b>		15. TO: Position Title and Number <b>6-7-005 ENVIRONMENTAL PROTECTION SPECIALIST</b>										
8. Pay Plan <b>GS</b>	9. Occ. Code <b>0028</b>	10. Grade/Level <b>11</b>	11. Step/Rate <b>01</b>	12. Total Salary <b>\$42543.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>0028</b>	18. Grade/Level <b>11</b>	19. Step/Rate <b>01</b>	20. Total Salary/Award <b>\$42543.00</b>	21. Pay Basis <b>PA</b>	
12A. Basic Pay <b>39178.00</b>	12B. Locality Adj. <b>3365.00</b>	12C. Adj. Basic Pay <b>42543.00</b>	12D. Other Pay <b>0.00</b>		20A. Basic Pay <b>39178.00</b>	20B. Locality Adj. <b>3365.00</b>	20C. Adj. Basic Pay <b>42543.00</b>	20D. Other Pay <b>0.00</b>				
14. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS; MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS</b>						22. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS; MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS</b>						
<b>EMPLOYEE DATA</b>												
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure <b>1</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite		25. Agency Use <b>(b) (6)</b>				
27. FEGLI <b>(b) (6)</b>						28. Annuitant Indicator <b>(b) (6)</b>		29. Pay Rate Determinant <b>0</b>				
30. Retirement Plan <b>K FERS &amp; FICA</b>			31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F FULL TIME</b>		33. Part-Time Hours Per Biweekly Pay Period <b>00</b>					
<b>POSITION DATA</b>												
34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved			35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code <b>8520</b>			37. Bargaining Unit Status <b>0011</b>				
38. Duty Station Code <b>48-1730-113</b>			39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>									
40. AGENCY DATA <b>300</b>		41. <b>04-11-99</b>	42.	43. <b>AYM ABK</b>	44. <b>09-11-94 Y 01-04-98 A</b>							
45. Remarks <b>COMPLETED SERVICE REQUIREMENT FOR CAREER TENURE FROM 02-02-97 TO 02-01-00</b>												

46. Employing Department or Agency  
**ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code <b>EP 00</b>	48. Personnel Office ID <b>3262</b>	49. Approval Date <b>02-02-00</b>
---------------------------------	--	--------------------------------------

50. Signature/Authentication and Title of Approving Official  
*S. L. Callaway*  
**PERSONNEL MGMT. SPECIALIST**



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>	2. Social Security Number <b>(b) (6)</b>	3. Date of Birth <b>(b) (6)</b>	4. Effective Date <b>01-02-00</b>
---	---	------------------------------------	--------------------------------------

### FIRST ACTION

5-A. Code <b>894</b>	5-B. Nature of Action <b>PAY ADJ</b>
5-C. Code <b>QWM</b>	5-D. Legal Authority <b>REG 531.205</b>
5-E. Code <b>ZLM</b>	5-F. Legal Authority <b>E.O. 13144</b>

### SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number  
**6-7-005**  
**ENVIRONMENTAL PROTECTION SPECIALIST**

15. TO: Position Title and Number  
**6-7-005**  
**ENVIRONMENTAL PROTECTION SPECIALIST**

8. Pay Plan <b>GS</b>	9. Occ. Code <b>0028</b>	10. Grade/Level <b>11</b>	11. Step/Rate <b>01</b>	12. Total Salary <b>\$40563.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>0028</b>	18. Grade/Level <b>11</b>	19. Step/Rate <b>01</b>	20. Total Salary/Award <b>\$42543.00</b>	21. Pay Basis <b>PA</b>
12A. Basic Pay <b>37744.00</b>	12B. Locality Adj. <b>2819.00</b>	12C. Adj. Basic Pay <b>40563.00</b>	12D. Other Pay <b>0.00</b>	20A. Basic Pay <b>39178.00</b>	20B. Locality Adj. <b>3365.00</b>	20C. Adj. Basic Pay <b>42543.00</b>	20D. Other Pay <b>0.00</b>				

14. Name and Location of Position's Organization  
**90684100**  
**EPA, REGION 6 DALLAS,**  
**MULTIMEDIA PLANNING & PERMITTING DIV.,**  
**INFORMATION MANAGEMENT SECTION**

22. Name and Location of Position's Organization  
**90684100**  
**EPA, REGION 6 DALLAS,**  
**MULTIMEDIA PLANNING & PERMITTING DIV.,**  
**INFORMATION MANAGEMENT SECTION**

**DALLAS, TEXAS**

**DALLAS, TEXAS**

### EMPLOYEE DATA

23. Veterans Preference <b>(b) (6)</b>	24. Tenure <b>2</b>	25. Agency Use <b>8</b>	26. Veterans Preference for RIF <b>(b) (6)</b>
27. FEGLI <b>(b) (6)</b>	28. Annuitant Indicator	29. Pay Rate Determinant <b>0</b>	
30. Retirement Plan <b>K</b>	31. Service Comp. Date (Leave) <b>(b) (6)</b>	32. Work Schedule <b>F</b>	33. Part-Time Hours Per Biweekly Pay Period <b>00</b>

### POSITION DATA

34. Position Occupied <b>1</b>	35. FLSA Category <b>E</b>	36. Appropriation Code <b>8520</b>	37. Bargaining Unit Status <b>0011</b>
38. Duty Station Code <b>48-1730-113</b>	39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>		

40. AGENCY DATA <b>300</b>	41. <b>04-11-99</b>	42.	43. <b>AYM ABK</b>	44. <b>09-11-94 Y 01-04-98 A</b>
-------------------------------	------------------------	-----	-----------------------	-------------------------------------

45. Remarks  
**SALARY INCLUDES A GENERAL INCREASE OF 3.8 PERCENT AND A**  
**LOCALITY PAYMENT APPLICABLE IN THIS AREA.**

46. Employing Department or Agency  
**ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code <b>EP 00</b>	48. Personnel Office ID <b>3262</b>	49. Approval Date <b>01-02-00</b>
---------------------------------	--	--------------------------------------

50. Signature/Authentication and Title of Approving Official

*[Signature]*  
**PERSONNEL MGMT. SPECIALIST**

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>04-25-99</b>			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code <b>966</b>		5-B. Nature of Action <b>ADMINISTRATIVE CHANGE</b>		6-A. Code		6-B. Nature of Action					
5-C. Code		5-D. Legal Authority		6-C. Code		6-D. Legal Authority					
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number <b>6-7005</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>				15. TO: Position Title and Number <b>6-7005</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>							
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0028</b>		10. Grade/Level <b>11</b>		11. Step/Rate <b>01</b>		12. Total Salary <b>\$40563.00</b>		13. Pay Basis <b>PA</b>	
12A. Basic Pay <b>37744.00</b>		12B. Locality Adj. <b>2819.00</b>		12C. Adj. Basic Pay <b>40563.00</b>		12D. Other Pay <b>0.00</b>		20A. Basic Pay <b>37744.00</b>		20B. Locality Adj. <b>2819.00</b>	
								20C. Adj. Basic Pay <b>40563.00</b>		20D. Other Pay <b>0.00</b>	
14. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>INFORMATION MANAGEMENT SECTION</b>  <b>DALLAS, TEXAS</b>				22. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>INFORMATION MANAGEMENT SECTION</b>  <b>DALLAS, TEXAS</b>							
<b>EMPLOYEE DATA</b>											
23. Veterans Preference <b>(b) (6)</b>				24. Tenure <b>2</b>				25. Agency Use <b>8</b>		26. Veterans Preference for PIF <b>(b) (6)</b>	
27. FEGLI <b>(b) (6)</b>				28. Annuitant Indicator <b>(b) (6)</b>				29. Pay Rate Determinant <b>9</b>			
30. Retirement Plan <b>K</b> <b>FERS &amp; FICA</b>				31. Service Comp. Date (Leave) <b>(b) (6)</b>				32. Work Schedule <b>F</b> <b>FULL TIME</b>		33. Part-Time Hours Per Biweekly Pay Period <b>00</b>	
<b>POSITION DATA</b>				34. Position Occupied <b>I</b>				35. FLSA Category <b>E</b>		36. Appropriation Code <b>8520</b>	
37. Bargaining Unit Status <b>0011</b>				38. Duty Station Code <b>48-1730-113</b>				39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>			
40. AGENCY DATA <b>300</b>		41. <b>04-11-99</b>		42.		43. <b>AYM ABK</b>		44. <b>09-11-94 Y 01-04-98 A</b>			
45. Remarks <b>(b) (6)</b>											

46. Employing Department or Agency  
**ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code  
**EP 00**

48. Personnel Office ID  
**3262**

49. Approval Date  
**04-25-99**

50. Signature/Authentication and Title of Approving Official  
  
**PERSONNEL MGMT. SPECIALIST**

# NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>				2. Social Security Number <b>(b) (6)</b>				3. Date of Birth <b>(b) (6)</b>				4. Effective Date <b>04-11-99</b>											
<b>FIRST ACTION</b>								<b>SECOND ACTION</b>															
5-A. Code <b>702</b>		5-B. Nature of Action <b>PROMOTION</b>						6-A. Code		6-B. Nature of Action													
5-C. Code <b>N6M</b>		5-D. Legal Authority <b>REG 335.102 CAREER PROM</b>						6-C. Code		6-D. Legal Authority													
5-E. Code		5-F. Legal Authority						6-E. Code		6-F. Legal Authority													
7. FROM: Position Title and Number <b>6-7-004 ENVIRONMENTAL PROTECTION SPECIALIST</b>								15. TO: Position Title and Number <b>6-7-005 ENVIRONMENTAL PROTECTION SPECIALIST</b>															
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0028</b>		10. Grade/Level <b>09</b>		11. Step/Rate <b>02</b>		12. Total Salary <b>\$34643.00</b>		13. Pay Basis <b>PA</b>		16. Pay Plan <b>GS</b>		17. Occ. Code <b>0028</b>		18. Grade/Level <b>11</b>		19. Step/Rate <b>01</b>		20. Total Salary/Award <b>\$40563.00</b>		21. Pay Basis <b>PA</b>	
12A. Basic Pay <b>32235.00</b>		12B. Locality Adj. <b>2408.00</b>		12C. Adj. Basic Pay <b>34643.00</b>		12D. Other Pay <b>0.00</b>		20A. Basic Pay <b>37744.00</b>		20B. Locality Adj. <b>2819.00</b>		20C. Adj. Basic Pay <b>40563.00</b>		20D. Other Pay <b>0.00</b>									
14. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS MULTIMEDIA PLANNING &amp; PERMITTING DIV INFORMATION MANAGEMENT SECTION</b>								22. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS MULTIMEDIA PLANNING &amp; PERMITTING DIV INFORMATION MANAGEMENT SECTION</b>															
<b>DALLAS, TEXAS</b>								<b>DALLAS, TEXAS</b>															
<b>EMPLOYEE DATA</b>								<b>EMPLOYEE DATA</b>															
23. Veterans Preference <b>(b) (6)</b> - None 3 - 10-Point/Disability 5 - 10-Point/Other 6 - 10-Point/Compensable 30%								24. Tenure <b>2</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite								25. Agency Use <b>8</b>							
27. FEGLI <b>(b) (6)</b>								28. Annuitant Indicator <b>(b) (6)</b>								29. Pay Rate Determinant <b>0</b>							
30. Retirement Plan <b>K</b> FERS & FICA								31. Service Comp. Data (Leave) <b>(b) (6)</b>								32. Work Schedule <b>F</b> FULL-TIME							
<b>POSITION DATA</b>								<b>POSITION DATA</b>															
34. Position Occupied <b>1</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved								35. FLSA Category <b>E</b> E - Exempt N - Nonexempt								36. Appropriation Code <b>8520</b>							
38. Duty Station Code <b>48-1730-113</b>								39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>								37. Bargaining Unit Status <b>0011</b>							
40. AGENCY DATA <b>300</b>				41. <b>04-11-99</b>				42.				43. <b>AYM ABK</b>				44. <b>09-11-94 Y 01-04-98 A</b>							
45. Remarks <b>FULL PERFORMANCE LEVEL OF EMPLOYEE'S POSITION IS GS-12. THE WAITING PERIOD FOR YOUR NEXT WITHIN-GRADE INCREASE IS 52 WEEKS FROM THE ABOVE EFFECTIVE DATE. THIS PERIOD CAN BE CHANGED BY AN EQUIV- ALENT INCREASE ACTION, EXTENDED LEAVE WITHOUT PAY, OR NON-WORK DAYS IF INTERMITTENT.</b>																							

46. Employing Department or Agency  
**ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code  
**EP 00**

48. Personnel Office ID  
**3262**

49. Approval Date  
**04-02-99**

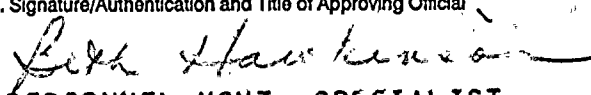
50. Signature/Authentication and Title of Approving Official  
*Beth Hawkins*  
**PERSONNEL MGMT. SPECIALIST**

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>					2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>02-28-99</b>														
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>																		
5-A. Code <b>893</b>		5-B. Nature of Action <b>WITHIN-GRADE INC</b>			6-A. Code		6-B. Nature of Action																
5-C. Code <b>Q7M</b>		5-D. Legal Authority <b>REG 531.404</b>			6-C. Code		6-D. Legal Authority																
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority																
7. FROM: Position Title and Number <b>6-7-004 ENVIRONMENTAL PROTECTION SPECIALIST</b>					15. TO: Position Title and Number <b>6-7-004 ENVIRONMENTAL PROTECTION SPECIALIST</b>																		
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0028</b>		10. Grade/Level <b>09</b>		11. Step/Rate <b>01</b>		12. Total Salary <b>\$33525.00</b>		13. Pay Basis <b>PA</b>		16. Pay Plan <b>GS</b>		17. Occ. Code <b>0028</b>		18. Grade/Level <b>09</b>		19. Step/Rate <b>02</b>		20. Total Salary/Award <b>\$34643.00</b>		21. Pay Basis <b>PA</b>	
12A. Basic Pay <b>31195.00</b>		12B. Locality Adj. <b>2330.00</b>		12C. Adj. Basic Pay <b>33525.00</b>		12D. Other Pay <b>0.00</b>		20A. Basic Pay <b>32235.00</b>		20B. Locality Adj. <b>2408.00</b>		20C. Adj. Basic Pay <b>34643.00</b>		20D. Other Pay <b>0.00</b>									
14. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS</b>					22. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS</b>																		
<b>EMPLOYEE DATA</b>					<b>24. Tenure</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite <b>2</b>							<b>25. Agency Use</b> <b>8</b>		<b>26. Veterans Preference for RIF</b> <b>(b) (6)</b>									
<b>23. Veterans Preference</b> 1 - None 2 - 5 Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30% <b>(b) (6)</b>					<b>27. FEGLI</b> <b>(b) (6)</b>							<b>28. Annuitant Indicator</b> <b>(b) (6)</b>		<b>29. Pay Rate Determinant</b> <b>Q</b>									
<b>30. Retirement Plan</b> <b>K FERS &amp; FICA</b>					<b>31. Service Comp. Date (Leave)</b> <b>(b) (6)</b>		<b>32. Work Schedule</b> <b>F FULL TIME</b>					<b>33. Part-Time Hours Per Biweekly Pay Period</b> <b>00</b>											
<b>POSITION DATA</b>					<b>34. Position Occupied</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved <b>1</b>							<b>35. FLSA Category</b> E - Exempt N - Nonexempt <b>E</b>		<b>36. Appropriation Code</b> <b>9900B 8520</b>		<b>37. Bargaining Unit Status</b> <b>0011</b>							
<b>38. Duty Station Code</b> <b>48-1730-113</b>					<b>39. Duty Station (City - County - State or Overseas Location)</b> <b>DALLAS, TEXAS</b>																		
<b>40. AGENCY DATA</b> <b>225</b>		<b>41.</b> <b>02-28-99</b>		<b>42.</b>		<b>43.</b> <b>AYM ABK</b>		<b>44.</b> <b>09-11-94 Y 01-04-98 A</b>															

45. Remarks

WORK PERFORMANCE IS AT AN ACCEPTABLE LEVEL OF COMPETENCE.  
THE WAITING PERIOD FOR YOUR NEXT WITHIN-GRADE INCREASE IS 52 WEEKS  
FROM THE ABOVE EFFECTIVE DATE. THIS PERIOD CAN BE CHANGED BY AN EQUIV-  
ALENT INCREASE ACTION, EXTENDED LEAVE WITHOUT PAY, OR NON-WORK DAYS IF  
INTERMITTENT.

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			50. Signature/Authentication and Title of Approving Official  <b>PERSONNEL MGMT. SPECIALIST</b>		
47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3262</b>		49. Approval Date <b>02-28-99</b>	



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>01-03-99</b>			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code <b>894</b>		5-B. Nature of Action <b>PAY ADJ</b>		6-A. Code		6-B. Nature of Action					
5-C. Code <b>QWM</b>		5-D. Legal Authority <b>REG 531.205</b>		6-C. Code		6-D. Legal Authority					
5-E. Code <b>ZLM</b>		5-F. Legal Authority <b>E.O. 13106</b>		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number <b>6-7-004 ENVIRONMENTAL PROTECTION SPECIALIST</b>				15. TO: Position Title and Number <b>6-7-004 ENVIRONMENTAL PROTECTION SPECIALIST</b>							
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0028</b>		10. Grade/Level <b>09</b>		11. Step/Rate <b>01</b>		12. Total Salary <b>\$32345.00</b>		13. Pay Basis <b>PA</b>	
12A. Basic Pay <b>30257.00</b>		12B. Locality Adj. <b>2088.00</b>		12C. Adj. Basic Pay <b>32345.00</b>		12D. Other Pay <b>0.00</b>		16. Pay Plan <b>GS</b>		17. Occ. Code <b>0028</b>	
18. Grade/Level <b>09</b>		19. Step/Rate <b>01</b>		20. Total Salary/Award <b>\$33525.00</b>		21. Pay Basis <b>PA</b>		20A. Basic Pay <b>31195.00</b>		20B. Locality Adj. <b>2330.00</b>	
20C. Adj. Basic Pay <b>33525.00</b>		20D. Other Pay <b>0.00</b>		22. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION.  DALLAS, TEXAS</b>							
23. Veterans Preference <b>(b) (6)</b>				24. Tenure <b>2</b>		25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>X</b> YES <b></b> NO			
27. FEGLI <b>(b) (6)</b>				28. Annuitant Indicator <b>(b) (6)</b>		29. Pay Rate Determinant <b>0</b>					
30. Retirement Plan <b>K FERS &amp; FICA</b>				31. Service Comp. Data (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F FULL TIME</b>		33. Part-Time Hours Per Biweekly Pay Period <b>00</b>			
<b>POSITION DATA</b>				34. Position Occupied <b>1</b>		35. FLSA Category <b>E</b>		36. Appropriation Code <b>8520</b>		37. Bargaining Unit Status <b>0011</b>	
38. Duty Station Code <b>48-1730-113</b>				39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>							
40. AGENCY DATA <b>225</b>		41. <b>03-01-98</b>		42.		43. <b>AYM ABK</b>		44. <b>09-11-94 Y 01-04-98 A</b>			
45. Remarks <b>SALARY INCLUDES A GENERAL INCREASE OF 3.1 PERCENT AND A LOCALITY PAYMENT APPLICABLE IN THIS AREA.</b>											

46. Employing Department or Agency  
**ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code  
**EP 00**

48. Personnel Office ID  
**3262**

49. Approval Date  
**01-03-99**

50. Signature/Authentication and Title of Approving Official

**PERSONNEL MGMT. SPECIALIST**

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>						2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>12-20-98</b>	
<b>FIRST ACTION</b>						<b>SECOND ACTION</b>					
5-A. Code <b>872</b>		5-B. Nature of Action <b>TIME OFF AWARD</b>				6-A. Code		6-B. Nature of Action			
5-C. Code <b>V3E</b>		5-D. Legal Authority <b>5 U.S.C. 4502(E)</b>				6-C. Code		6-D. Legal Authority			
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority			
7. FROM: Position Title and Number <b>6-7-004 ENVIRONMENTAL PROTECTION SPECIALIST</b>						15. TO: Position Title and Number <b>6-7-004 ENVIRONMENTAL PROTECTION SPECIALIST</b>					
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0028</b>		10. Grade/Level <b>09</b>		11. Step/Rate <b>01</b>		12. Total Salary <b>\$32345.00</b>		13. Pay Basis <b>PA</b>	
16. Pay Plan		17. Occ. Code		18. Grade/Level		19. Step/Rate		20. Total Salary/Award <b>9 HOURS</b>		21. Pay Basis	
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.	
20C. Adj. Basic Pay		20D. Other Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay	
14. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS</b>						22. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS</b>					
<b>EMPLOYEE DATA</b>						<b>EMPLOYEE DATA</b>					
23. Veterans Preference 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%						24. Tenure 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite 2 25. Agency Use 8 26. Veterans Preference for RIF <b>(b) (6)</b>					
27. FEGLI <b>(b) (6)</b>						28. Annuitant Indicator <b>(b) (6)</b>					
29. Pay Rate Determinant <b>0</b>						30. Retirement Plan <b>K FERS &amp; FICA</b>					
31. Service Comp. Date (Leave) <b>(b) (6)</b>						32. Work Schedule <b>F FULL TIME</b>					
33. Part-Time Hours Per Biweekly Pay Period <b>00</b>						34. Position Occupied 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved <b>1</b>					
35. FLSA Category E - Exempt N - Nonexempt <b>E</b>						36. Appropriation Code <b>8520</b>					
37. Bargaining Unit Status <b>0011</b>						38. Duty Station Code <b>48-1730-113</b>					
39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>						40. AGENCY DATA <b>225</b>					
41. <b>03-01-98</b>						42. <b>AYM ABK</b>					
43. <b>09-11-94 Y 01-04-98 A</b>						44. <b>09-11-94 Y 01-04-98 A</b>					
45. Remarks											

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>						50. Signature/Authentication and Title of Approving Official <b>L. L. Callaway</b> <b>PERSONNEL MGMT. SPECIALIST</b>					
47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3262</b>		49. Approval Date <b>12-15-98</b>							
3-Part 50-315											

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>					2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>08-30-98</b>														
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>																		
5-A. Code <b>885</b>		5-B. Nature of Action <b>PERFORMANCE AWARD</b>			6-A. Code		6-B. Nature of Action																
5-C. Code <b>V4R</b>		5-D. Legal Authority <b>5 U.S.C. 4505A</b>			6-C. Code		6-D. Legal Authority																
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority																
7. FROM: Position Title and Number <b>6-7-004 ENVIRONMENTAL PROTECTION SPECIALIST</b>					15. TO: Position Title and Number <b>6-7-004 ENVIRONMENTAL PROTECTION SPECIALIST</b>																		
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0028</b>		10. Grade/Level <b>09</b>		11. Step/Rate <b>01</b>		12. Total Salary <b>\$32345.00</b>		13. Pay Basis <b>PA</b>		16. Pay Plan		17. Occ. Code		18. Grade/Level		19. Step/Rate		20. Total Salary/Award <b>\$300.00</b>		21. Pay Basis	
12A. Basic Pay <b>30257.00</b>		12B. Locality Adj. <b>2088.00</b>		12C. Adj. Basic Pay <b>32345.00</b>		12D. Other Pay <b>0.00</b>		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay									
14. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS</b>					22. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS</b>																		
<b>EMPLOYEE DATA</b>					<b>24. Tenure</b>							<b>25. Agency Use</b>		<b>26. Veterans Preference for RIF</b>									
23. Veterans Preference 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%					2 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite							8		(b) (6)									
27. FEGLI <b>(b) (6)</b>					28. Annuitant Indicator <b>(b) (6)</b>							29. Pay Rate Determinant <b>0</b>											
30. Retirement Plan <b>K FERS &amp; FICA</b>					31. Service Comp. Data (Leave) <b>(b) (6)</b>					32. Work Schedule <b>F FULL TIME</b>					33. Part-Time Hours Per Biweekly Pay Period <b>00</b>								
<b>POSITION DATA</b>					<b>35. FLSA Category</b>							<b>36. Appropriation Code</b>					<b>37. Bargaining Unit Status</b>						
34. Position Occupied 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved					E - Exempt N - Nonexempt							8520					0011						
38. Duty Station Code <b>48-1730-113</b>					39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>																		
40. AGENCY DATA <b>225</b>		41. <b>03-01-98</b>		42.		43. <b>AYM ABK</b>		44. <b>09-11-94 Y 01-04-98 A</b>															
45. Remarks																							

46. Employing Department or Agency  
**ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code  
**EP 00**

48. Personnel Office ID  
**3262**

49. Approval Date  
**08-28-98**

50. Signature/Authentication and Title of Approving Official

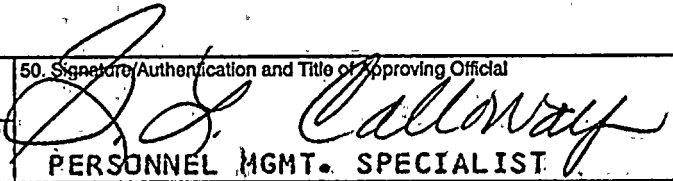
*Emma L. Womack*  
**PERSONNEL MGMT. SPECIALIST**

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>03-01-98</b>			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code <b>702</b>		5-B. Nature of Action <b>PROMOTION</b>		6-A. Code		6-B. Nature of Action					
5-C. Code <b>N6M</b>		5-D. Legal Authority <b>REG 335.102 CAREER PROM</b>		6-C. Code		6-D. Legal Authority					
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number <b>6-6-092 ENVIRONMENTAL PROTECTION SPECIALIST</b>				15. TO: Position Title and Number <b>6-7-004 ENVIRONMENTAL PROTECTION SPECIALIST</b>							
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0028</b>		10. Grade/Level <b>07</b>		11. Step/Rate <b>02</b>		12. Total Salary <b>\$27322.00</b>		13. Pay Basis <b>PA</b>	
20A. Basic Pay <b>30257.00</b>		20B. Locality Adj. <b>2088.00</b>		20C. Adj. Basic Pay <b>32345.00</b>		20D. Other Pay <b>0.00</b>		21. Pay Basis <b>PA</b>			
12A. Basic Pay <b>25558.00</b>		12B. Locality Adj. <b>1764.00</b>		12C. Adj. Basic Pay <b>27322.00</b>		12D. Other Pay <b>0.00</b>					
14. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS</b>				22. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS</b>							
<b>EMPLOYEE DATA</b>											
23. Veterans Preference <b>1 - None</b> <b>2 - 5-Point</b> <b>3 - 10-Point/Disability</b> <b>4 - 10-Point/Compensable</b> <b>5 - 10-Point/Other</b> <b>6 - 10-Point/Compensable/30%</b>				24. Tenure <b>2</b> <b>0 - None</b> <b>1 - Permanent</b> <b>2 - Conditional</b> <b>3 - Indefinite</b>				25. Agency Use <b>8</b>		26. Veterans Preference for BIF <b>(b) (6)</b>	
27. FEGLI <b>(b) (6)</b>				28. Annuitant Indicator <b>(b) (5)</b>				29. Pay Rate Determinant <b>0</b>			
30. Retirement Plan <b>K</b> <b>FERS &amp; FICA</b>				31. Service Comp. Date (Leave) <b>(b) (6)</b>				32. Work Schedule <b>F</b> <b>FULL TIME</b>		33. Part-Time Hours Per Biweekly Pay Period <b>00</b>	
<b>POSITION DATA</b>											
34. Position Occupied <b>1</b> <b>1 - Competitive Service</b> <b>2 - Excepted Service</b> <b>3 - SES General</b> <b>4 - SES Career Reserved</b>				35. FLSA Category <b>E</b> <b>E - Exempt</b> <b>N - Nonexempt</b>		36. Appropriation Code <b>8520</b>		37. Bargaining Unit Status <b>0011</b>			
38. Duty Station Code <b>48-1730-113</b>				39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>							
40. AGENCY DATA <b>225</b>		41. <b>03-01-98</b>		42.		43. <b>AYM ABK</b>		44. <b>09-11-94 Y 01-04-98 A</b>			
45. Remarks <b>FULL PERFORMANCE LEVEL OF EMPLOYEE'S POSITION IS GS12 .</b> <b>THE WAITING PERIOD FOR YOUR NEXT WITHIN-GRADE INCREASE IS 52 WEEKS FROM THE ABOVE EFFECTIVE DATE. THIS PERIOD CAN BE CHANGED BY AN EQUIV- ALENT INCREASE ACTION, EXTENDED LEAVE WITHOUT PAY, OR NON-WORK DAYS IF INTERMITTENT.</b>											
46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>						50. Signature/Authentication and Title of Approving Official <b>D. J. Calloway</b> <b>PERSONNEL MGMT. SPECIALIST</b>					
47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3262</b>		49. Approval Date <b>02-27-98</b>							



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>02-01-98</b>		4. Effective Date <b>02-01-98</b>			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code <b>893</b>		5-B. Nature of Action <b>WITHIN-GRADE INC</b>		6-A. Code		6-B. Nature of Action					
5-C. Code <b>Q7M</b>		5-D. Legal Authority <b>REG 531.404</b>		6-C. Code		6-D. Legal Authority					
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number <b>6-6-092</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>				15. TO: Position Title and Number <b>6-6-092</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>							
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0028</b>		10. Grade/Level <b>Q7</b>		11. Step/Rate <b>01</b>		12. Total Salary <b>\$26441.00</b>		13. Pay Basis <b>PA</b>	
12A. Basic Pay <b>24734.00</b>		12B. Locality Adj. <b>1707.00</b>		12C. Adj. Basic Pay <b>26441.00</b>		12D. Other Pay <b>0.00</b>		16. Pay Plan <b>GS</b>		17. Occ. Code <b>0028</b>	
18. Grade/Level <b>Q7</b>		19. Step/Rate <b>02</b>		20. Total Salary/Award <b>\$27322.00</b>		21. Pay Basis <b>PA</b>		20A. Basic Pay <b>25558.00</b>		20B. Locality Adj. <b>1764.00</b>	
20C. Adj. Basic Pay <b>27322.00</b>		20D. Other Pay <b>0.00</b>		22. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>INFORMATION MANAGEMENT SECTION</b>  <b>DALLAS, TEXAS</b>		22. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>INFORMATION MANAGEMENT SECTION</b>  <b>DALLAS, TEXAS</b>					
<b>EMPLOYEE DATA</b>											
23. Veterans Preference 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%				24. Tenure 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>			
27. FEGLI <b>(b) (6)</b>				28. Annuitant Indicator <b>(b) (6)</b>				29. Pay Rate Determinant <b>Q</b>			
30. Retirement Plan <b>K</b> <b>FERS &amp; FICA</b>				31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F</b> <b>FULL TIME</b>		33. Part-Time Hours Per Biweekly Pay Period <b>00</b>			
<b>POSITION DATA</b>											
34. Position Occupied 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category N - Exempt E - Nonexempt		36. Appropriation Code <b>9899B</b> <b>8520</b>		37. Bargaining Unit Status <b>0011</b>			
38. Duty Station Code <b>48-1730-113</b>				39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>							
40. AGENCY DATA <b>150</b>		41. <b>02-01-98</b>		42.		43. <b>AYM ABK</b>		44. <b>09-11-94 Y 01-04-98 A</b>			
45. Remarks <b>WORK PERFORMANCE IS AT AN ACCEPTABLE LEVEL OF COMPETENCE.</b> <b>THE WAITING PERIOD FOR YOUR NEXT WITHIN-GRADE INCREASE IS 52 WEEKS</b> <b>FROM THE ABOVE EFFECTIVE DATE. THIS PERIOD CAN BE CHANGED BY AN EQUIV-</b> <b>ALENT INCREASE ACTION, EXTENDED LEAVE WITHOUT PAY, OR NON-WORK DAYS IF</b> <b>INTERMITTENT.</b>											
46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>						50. Signature/Authentication and Title of Approving Official  <b>PERSONNEL MGMT. SPECIALIST</b>					
47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3262</b>		49. Approval Date <b>02-01-98</b>							

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>		2. Social Security Number <b>(b) (6)</b>	3. Date of Birth <b>(b) (6)</b>	4. Effective Date <b>01-04-98</b>											
5-A. Code <b>894</b>		5-B. Nature of Action <b>PAY ADJ</b>													
5-C. Code <b>WAM</b>		5-D. Legal Authority <b>REG 531.205</b>													
5-E. Code <b>ZLM</b>		5-F. Legal Authority <b>E.U. 13071</b>													
7. FROM: Position Title and Number <b>6-6-092</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>		15. TO: Position Title and Number <b>6-6-092</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>													
8. Pay Plan <b>GS</b>	9. Occ. Code <b>0028</b>	10. Grade/Level <b>07</b>	11. Step/Rate <b>01</b>	12. Total Salary <b>\$25725.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>0028</b>	18. Grade/Level <b>07</b>	19. Step/Rate <b>01</b>	20. Total Salary/Award <b>\$26441.00</b>	21. Pay Basis <b>PA</b>				
12A. Basic Pay <b>24178.00</b>		12B. Locality Adj. <b>1547.00</b>		12C. Adj. Basic Pay <b>25725.00</b>		20A. Basic Pay <b>24734.00</b>		20B. Locality Adj. <b>1707.00</b>		20C. Adj. Basic Pay <b>26441.00</b>					
12D. Other Pay <b>0.00</b>		20D. Other Pay <b>0.00</b>													
14. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>INFORMATION MANAGEMENT SECTION</b>  <b>DALLAS, TEXAS</b>						22. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>INFORMATION MANAGEMENT SECTION</b>  <b>DALLAS, TEXAS</b>									
23. Veterans Preference <b>1 - None</b> <b>2 - 5-Point</b> <b>3 - 10-Point/Disability</b> <b>4 - 10-Point/Compensable</b> <b>5 - 10-Point/Other</b> <b>6 - 10-Point/Compensable/30%</b>						24. Tenure <b>2</b> <b>0 - None</b> <b>1 - Permanent</b> <b>2 - Conditional</b> <b>3 - Indefinite</b>						25. Agency Use <b>0</b>		26. Veterans Preference for RIF <b>(b) (6)</b>	
27. FEGLI <b>(b) (6)</b>						28. Annuitant Indicator <b>(b) (6)</b>						29. Pay Rate Determinant <b>U</b>			
30. Retirement Plan <b>K</b> <b>FERS &amp; FICA</b>						31. Service Comp. Date (Leave) <b>(b) (6)</b>						32. Work Schedule <b>F</b> <b>FULL TIME</b>		33. Part-Time Hours Per Biweekly Pay Period <b>00</b>	
34. Position Occupied <b>1</b> <b>1 - Competitive Service</b> <b>2 - Excepted Service</b> <b>3 - SES General</b> <b>4 - SES Career Reserved</b>						35. FLSA Category <b>N</b> <b>E - Exempt</b> <b>N - Nonexempt</b>						36. Appropriation Code <b>8520</b>		37. Bargaining Unit Status <b>0011</b>	
38. Duty Station Code <b>48-1730-113</b>						39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>									
40. AGENCY DATA <b>150</b>		41. <b>02-02-97</b>		42.		43. <b>AYM ABK</b>		44. <b>09-11-94 I 02-02-97 A</b>							
45. Remarks <b>SALARY INCLUDES A GENERAL INCREASE OF 2.3 PERCENT AND A</b> <b>LOCALITY PAYMENT APPLICABLE IN THIS AREA.</b>															

46. Employing Department or Agency  
**ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code  
**EP 00**

48. Personnel Office ID  
**3262**

49. Approval Date  
**01-04-98**

50. Signature/Authentication and Title of Approving Official  
*Beth Hawthorn*  
**PERSONNEL MGMT. SPECIALIST**



# THRIFT SAVINGS PLAN ELECTION FORM

TSP-1

- Use this form to:
- Start or change your contributions to the Thrift Savings Plan (TSP)
  - Stop your contributions to the TSP
  - Indicate how you want your future contributions to be invested in the three TSP Funds

Before completing this form, please read the *Summary of the Thrift Savings Plan for Federal Employees* and the instructions on the back of this form. Type or print all information. Return the completed form to your agency employing office. Do not remove your copy. Your agency will return it to you after completing Section VII.

## I. INFORMATION ABOUT YOU

1. JONES JOHNNIE MILTON  
Name (Last) (First) (Middle)  
2. (b) (6)  
Street Address City State Zip Code  
3. (b) (6)  
Social Security Number 4. (b) (6)  
Daytime Phone (Area Code and Number)  
5. (b) (6)  
Date of Birth (Month/Day/Year) 6. (6PD-I), USEPA, REGION 6, DALLAS TX  
Office Identification (Agency and Organization)

## II. AMOUNT OF YOUR CONTRIBUTIONS

If you complete this section,  
you must also complete  
Section IV

Complete either Part A or Part B of this section.

Part A. To contribute to your TSP account, enter either a whole percentage of your basic pay per pay period (Item 7) or a whole dollar amount per pay period (Item 8).

7. (b) (6) OR 8. \$ (b) (6)

Part B. If you are a FERS employee who is not, and will not be, contributing to your TSP account at this time, but you are allocating your Agency Automatic (1%) Contributions, check Item 9.

9. ☐ (Noncontributing FERS)

## III. STOPPING YOUR CONTRIBUTIONS

Do not complete Section II.  
FERS employees must  
also complete Section IV.

To stop your contributions to the TSP, check Item 10 and sign and date Items 15 and 16. If you are a FERS employee, your Agency Automatic (1%) Contributions will continue. You must complete Section IV to show how you want these contributions to be divided among the three TSP Funds.

10. ☐ I want to stop contributing to my TSP account. I understand that my payroll deductions will stop at the end of the pay period in which my agency employing office accepts this form.

## IV. ALLOCATING CONTRIBUTIONS

You must also complete  
Section II or III.

Show how you want future contributions to your account to be divided among the G, F, and C Funds. Enter the percentage (in multiples of 5%) that you want invested in each Fund. Do not use dollar amounts. The total of Items 11, 12, and 13 must equal 100%. If you are a FERS employee, the percentages that you choose will be applied to all contributions to your account, including Agency Automatic (1%) Contributions and Agency Matching Contributions.

If you invest in either the F or C Fund, you must sign Item 14; otherwise, your form will be returned to you unprocessed.

11. G Fund Government Securities Investment Fund

12. F Fund Fixed Income Index Investment Fund

13. C Fund Common Stock Index Investment Fund

Total

## V. ACKNOWLEDGE- MENT OF RISK

Also sign Section VI.

I have chosen to invest in the F and/or C Fund. I understand that I am making this investment at my own risk. I also understand that I am not protected by either the U.S. Government or the Federal Retirement Thrift Investment Board against investment loss in the F or C Fund, and that neither the U.S. Government nor the Federal Retirement Thrift Investment Board guarantees a return on my investment.

14. [Signature]  
Participant's Signature

## VI. SIGNATURE

You must sign Item 15 and date Item 16, otherwise, your form will be returned to you unprocessed.

15. [Signature]  
Participant's Signature

16. 12/4/97  
Date Signed

## VII. FOR EMPLOYING OFFICE USE ONLY

17. 68-01-0015  
Payroll Office Number

18. EP00  
Agency Code

19. 01-04-98  
Effective Date

21. [Signature]  
Signature of Employing Office Official

20. TSPSCD (Optional)  
22. 12-09-97  
Acceptance Date



**GENERAL  
INFORMATION**

You can start, change, or allocate your contributions only during the TSP open seasons (May 15 - July 31 and November 15 - January 31). **However**, you may submit the form at any time to **stop** your contributions (see Section III). Your Form TSP-1 will stay in effect until you submit another one or leave Federal service. You may not withdraw your TSP account balance while you are still employed by the Federal Government.

**If you change your address, notify your agency employing office immediately so that they can correct your records for your TSP account.**

**INSTRUCTIONS  
FOR SECTION I**

Complete all items in this section.

**INSTRUCTIONS  
FOR SECTION II**

Complete Part A to start, continue, or change your TSP contributions.

**Item 7, Percentage of Basic Pay Per Pay Period:** If you are covered by FERS or an equivalent retirement plan, you may contribute up to 10% of your basic pay each pay period. If you are covered by CSRS or an equivalent retirement plan, you may contribute up to 5% of your basic pay each pay period.

**Item 8, Dollar Amount Per Pay Period.** The dollar amount you contribute cannot exceed the percentages shown above. You can contribute as little as \$1 per pay period.

**Complete Part B only** if you are covered by FERS and you choose not to contribute or are not eligible to contribute to your account at this time (that is, if you are submitting this form only to allocate your Agency Automatic (1%) Contributions in Section IV).

**INSTRUCTIONS  
FOR SECTION III**

Complete this section to stop your contributions. If you stop contributing during an open season, you will not be able to start again until the next TSP open season. If you stop contributing outside of an open season, you will not be able to start again until the second open season after this form is accepted by your agency employing office.

If you are a FERS employee who is stopping your contributions, you must also complete Section IV to show how you want your Agency Automatic (1%) Contributions to be divided among the G, F, and C Funds. You may submit another Form TSP-1 to change your allocation in any subsequent open season, even if you are not contributing to your account.

**INSTRUCTIONS  
FOR SECTION IV**

Complete this section to indicate how you want future contributions to be invested in the three TSP Funds. All participants may invest all or any portion of the contributions to their accounts in any of the three Funds. If you do not complete this section, your form will be returned to you unprocessed (unless you are a CSRS employee and you are submitting this form to stop your contributions).

**INSTRUCTIONS  
FOR SECTION V**

Complete this section if you invest in the F or C Fund. There is a risk of investment loss in both the F and C Funds. Read the acknowledgement of risk carefully before you sign it.

**INSTRUCTIONS  
FOR SECTION VI**

You must complete this section (even if you completed Section V).

**INSTRUCTIONS  
FOR SECTION VII**

*(to be completed  
by employing office)*

Enter the effective date of the action in Item 19. If this form is accepted during the portion of the open season that precedes the election period, the form should be made effective as of the first pay period that begins on or after the first day of the election period. (The election period is the last month of the open season.) If the form is accepted during the election period, it should be made effective as soon as administratively feasible, but no later than the first day of the pay period following acceptance of the form.

If a participant chooses to stop contributing to the TSP (Section III), deductions should stop at the end of the pay period in which the form is accepted, and the allocations should begin at the start of the following period.

Enter the acceptance date in Item 22. This is the date that the form is accepted by the agency employing office and is certified for processing. Item 23 is the date on which a participant may resume contributing to the TSP after stopping his or her contributions.

**PRIVACY ACT  
NOTICE**

We are authorized to request this information under Title 5, U.S. Code Chapter 84, Federal Employees' Retirement System, Subchapter III, Thrift Savings Plan. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you give us to process your Thrift Savings Plan Election Form (TSP-1). This information will be placed in your Official Personnel Folder. This information may be shared with other Federal agencies in order to administer your account or for statistical, auditing, or archiving purposes. It may also be shared with Federal, state, and local agencies to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. In addition, we may share this information with the Parent Locator Service, Department of Health and Human Services, for the purpose of enforcing child support obligations against the TSP participant. We may share this information with law enforcement agencies when they are investigating a violation of civil or criminal law. We may give this information to financial institutions, private sector audit firms, annuity vendors, current spouses and, to a limited extent, former spouses and beneficiaries. Finally, this information may also be disclosed to others on your written request. While the law does not require you to give any of the information we are asking for on this form, it may not be possible to process the actions you request by this form if you do not give us this





# NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>					2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>11-23-97</b>		4. Effective Date <b>11-23-97</b>						
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>										
5-A. Code <b>885</b>					5-B. Nature of Action <b>PERFORMANCE AWARD</b>										
5-C. Code <b>V4R</b>					5-D. Legal Authority <b>5 U.S.C. 4505A</b>										
5-E. Code					5-F. Legal Authority										
7. FROM: Position Title and Number <b>6-6-092</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>					15. TO: Position Title and Number <b>6-6-092</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>										
8. Pay Plan <b>GS</b>					9. Occ. Code <b>0028</b>		10. Grade/Level <b>07</b>		11. Step/Rate <b>01</b>		12. Total Salary <b>\$25725.00</b>		13. Pay Basis <b>PA</b>		
12A. Basic Pay <b>24178.00</b>					12B. Locality Adj. <b>1547.00</b>		12C. Adj. Basic Pay <b>25725.00</b>		12D. Other Pay <b>0.00</b>		16. Pay Plan		17. Occ. Code		
											18. Grade/Level		19. Step/Rate		
											20. Total Salary/Award <b>\$300.00</b>		21. Pay Basis		
23. Veterans Preference <b>1 - None</b>					3 - 10-Point/Disability		5 - 10-Point/Other		6 - 10-Point/Compensable/30%		24. Tenure <b>2</b>		25. Agency Use <b>8</b>		
27. FEGLI <b>(b) (6)</b>					28. Annuitant Indicator <b>(b) (6)</b>							29. Pay Rate Determinant <b>Q</b>			
30. Retirement Plan <b>K</b>					FERS & FICA		31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F</b>		33. Part-Time Hours Per Biweekly Pay Period <b>00</b>		37. Bargaining Unit Status <b>0011</b>		
34. Position Occupied <b>1</b>					1 - Competitive Service		3 - SES General		4 - SES Career Reserved		35. FLSA Category <b>N</b>		36. Appropriation Code <b>8520</b>		
38. Duty Station Code <b>48-1730-113</b>					39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>										
40. AGENCY DATA <b>150</b>					41. <b>02-02-97</b>		42.		43. <b>AYM ABK</b>		44. <b>09-11-94 I 02-02-97 A</b>				
45. Remarks															

46. Employing Department or Agency  
**ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code  
**EP 00**

48. Personnel Office ID  
**3262**

49. Approval Date  
**11-06-97**

50. Signature/Authentication and Title of Approving Official  
*[Signature]*  
**PERSONNEL MGMT. SPECIALIST**



# NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) JONES, JOHNNIE M.						2. S. (b) (6)						4. Effective Date 07-20-97																																															
<b>FIRST ACTION</b>												<b>SECOND ACTION</b>																																															
5-A. Code 966						5-B. Nature of Action ADMINISTRATIVE CHANGE						6-A. Code						6-B. Nature of Action																																									
5-C. Code ZLM						5-D. Legal Authority FLRA Certification Dated 4-23-97						6-C. Code						6-D. Legal Authority																																									
5-E. Code						5-F. Legal Authority						6-E. Code						6-F. Legal Authority																																									
7. FROM: Position Title and Number 6-6-092 ENVIRONMENTAL PROTECTION SPECIALIST												15. TO: Position Title and Number 6-6-092 ENVIRONMENTAL PROTECTION SPECIALIST																																															
8. Pay Plan GS			9. Occ. Code 0028			10. Grade/Level 07			11. Step/Rate 01			12. Total Salary \$25725.00			13. Pay Basis PA			16. Pay Plan GS			17. Occ. Code 0028			18. Grade/Level 07			19. Step/Rate 01			20. Total Salary/Award \$25725.00			21. Pay Basis PA																										
12A. Basic Pay 24178.00			12B. Locality Adj. 1547.00			12C. Adj. Basic Pay 25725.00			12D. Other Pay 0.00			20A. Basic Pay 24178.00			20B. Locality Adj. 1547.00			20C. Adj. Basic Pay 25725.00			20D. Other Pay 0.00																																						
14. Name and Location of Position's Organization 90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING & PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS												22. Name and Location of Position's Organization 90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING & PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS																																															
<b>EMPLOYEE DATA</b>												<b>24. Tenure</b>												<b>25. Agency Use</b>												<b>26. Veterans Preference for PIF</b>																							
23. Veterans Preference 1 - None 2 - 5 Point 3 - 10 Point/Disability 4 - 10 Point/Compensable 5 - 10 Point/Other 6 - 10 Point/Compensable/30% (b) (6)												2 - 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite (b) (6)												8												(b) (6)																							
27. FEGLI (b) (6)												28. Annuitant Indicator (b) (6)												29. Pay Rate Determinant 0																																			
30. Retirement Plan K FERS & FICA												31. Service Comp. Date (Leave) (b) (6)												32. Work Schedule F FULL TIME												33. Part-Time Hours Per Biweekly Pay Period 00																							
<b>POSITION DATA</b>												<b>34. Position Occupied</b>												<b>35. FLSA Category</b>												<b>36. Appropriation Code</b>												<b>37. Bargaining Unit Status</b>											
1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved												E - Exempt N - Nonexempt												8520												0011																							
38. Duty Station Code 48-1730-113												39. Duty Station (City - County - State or Overseas Location) DALLAS, TEXAS																																															
40. AGENCY DATA 150						41. 02-02-97						42.						43. AYM ABK						44. 09-11-94 1 02-02-97 A																																			
45. Remarks																																																											

This action changes Item #37 (Bargaining Unit Status) from 7777.

46. Employing Department or Agency ENVIRONMENTAL PROTECTION AGENCY												50. Signature/Authentication and Title of Approving Official for Anna L. Womack PERSONNEL MGMT. SPECIALIST											
47. Agency Code EP 00				48. Personnel Office ID 3262				49. Approval Date 07-15-97															
3-Part 50-315																							





PRINTED: 04/23/1997

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT  
OFFICE OF FEDERAL INVESTIGATIONS  
WASHINGTON, DC 20415

CERTIFICATION OF INVESTIGATION

RECEIVED

97 MAY -1 PM 2:50

CLOSED: 04/22/1997

SUBMITTING OFFICE: SON - 3262

ADMINISTRATIVE  
SECURITY SERVICES BRANCH EP00

EPA  
PERSONNEL SECURITY STAFF (2441)  
ATTN: BRENDA BRAY  
401 M STREET SW  
WASHINGTON, DC 20460

NAME: JONES, JOHNNIE MILTON JR

SSN: (b) (6)

DOB: (b) (6)

POSITION: ENVIRONMENTAL PROT S

CASE TYPE: NACI (R)

GPM CASE #: 97618189

SCHEDULED DATE: 02/20/1997

INVESTIGATION CONDUCTED FROM: SF 85

THIS CERTIFIES THAT A BACKGROUND INVESTIGATION ON THE PERSON IDENTIFIED ABOVE  
HAS BEEN COMPLETED. THE RESULTS OF THIS INVESTIGATION WERE SENT TO THE SECURITY  
OFFICE FOR A SECURITY/SUITABILITY DETERMINATION.

\*\*\*\*\*

AGENCY CERTIFICATION: THE RESULTS OF THIS INVESTIGATION HAVE BEEN REVIEWED, AND  
A FINAL DETERMINATION HAS BEEN MADE.

AGENCY CERTIFYING OFFICIAL

DATE

*Janet V. Wilson*

*4/30/97*

FILE THIS CERTIFICATE ON THE PERMANENT SIDE OF THE PERSON'S OFFICIAL PERSONNEL  
FOLDER AFTER THE FINAL AGENCY DETERMINATION IS MADE.



# Declaration for Federal Employment

Form Approved:  
O.M.B. No. 3206-0182  
NSN 7540-01-368-7775  
50306-101

## GENERAL INFORMATION

**1 FULL NAME**

▶ JOHNNIE MILTON JONES

**2 SOCIAL SECURITY NUMBER**

▶ (b) (6)

**3 PLACE OF BIRTH (Include City and State or Country)**

▶ SPARTANBURG, S.C

**4 DATE OF BIRTH (MM/DD/YY)**

▶ (b) (6)

**5 OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)**

▶ BUDDY (NICKNAME)

**6 PHONE NUMBERS (Include Area Codes)**

DAY ▶

NIGHT ▶

(b) (6)

## MILITARY SERVICE

**7** Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "NO".

Yes No

(b) (6)

If you answered "YES", list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service.

BRANCH

FROM

TO

TYPE OF DISCHARGE

(b) (6)

## BACKGROUND INFORMATION

**For all questions**, provide all additional requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

**For questions 8, 9, and 10**, your answers should include convictions resulting from a plea of nolo contendere (*no contest*), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

**8** During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

Yes No

(b) (6)

**9** Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

**10** Are you now under charges for any violation of law? If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

**11** During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? If "Yes", use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.

**12** Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes", use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

## ADDITIONAL QUESTIONS

**13** Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "Yes", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.

**14** Do you re  
civilian, or



## CONTINUATION SPACE / AGENCY OPTIONAL QUESTIONS

- 15** Provide details requested in items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position, and your agency is authorized to ask them).

## CERTIFICATIONS / ADDITIONAL QUESTION

**APPLICANT:** If you are applying for a position and have not yet been selected. Carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

**APPOINTEE:** If you are being appointed. Carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 16/16b and answer item 17.

**16** I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

**16a** Applicant's Signature ►  
(Sign in ink)

Date ►

**16b** Appointee's Signature ►  
(Sign in ink)

Date ►

APPOINTING OFFICER: Enter Date of Appointment or Conversion

2-3-97 2-2-97

- 17** Appointee Only (Respond only if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

Date (MM/DD/YY)

(b) (6)

**17a** When did you leave your last Federal job? .....

**17b** When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? .....

**17c** If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "No," use item 15 to identify the type(s) of insurance for which waivers were not cancelled. ....

# APPOINTMENT AFFIDAVITS

ENVIRONMENTAL PROTECTION SPECIALIST

(Position to which appointed)

2-3-97

(Date of appointment)

EPA

(Department or agency)

REGION 6

(Bureau or Division)

DALLAS, TX

(Place of employment)

I, JOHNNIE MILTON JONES, do solemnly swear (or affirm) that—

## A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

## B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

## C. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

[Signature]  
(Signature of appointee)

Subscribed and sworn (or affirmed) before me this 3RD day of FEBRUARY, 19 97,

at DALLAS TEXAS  
(City) (State)

[SEAL]

[Signature]  
(Signature of officer)

Commission expires \_\_\_\_\_  
(If by a Notary Public, the date of expiration of his/her  
Commission should be shown)

PERSONNEL ASSISTANT  
(Title)

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "So help me God" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.







**DESIGNATION OF BENEFICIARY**  
Federal Employees Retirement System

Form Approved: OMB No. 3206-0173

**IMPORTANT**  
Read all instructions before  
filling in this form.

**SECTION A—IDENTIFICATION**

Name (Last, First, Middle)

JONES, JOHNNIE MILTON

Date of Birth (Month, Day, Year) Social Security Number

(b) (6)

Place an "X" in the appropriate box below:

- ☒ An employee  
☐ Retired or applying for retirement  
☐ Former employee eligible for retirement in the future

If you are retired, give your claim number

Department or agency in which presently employed (or former department or agency)

Department or agency

Bureau

Division

Location (City, State and ZIP Code)

U.S. EPA

Region 6

6PD-I

DALLAS, TX 75202

I, the individual named above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Federal Employees Retirement System (FERS) after my death. I understand that this designation of beneficiary is also for any lump-sum benefit which may become payable under the Civil Service Retirement System (CSRS) after my death. I understand that this designation of beneficiary cancels any previous FERS or CSRS designation of beneficiary, and that it remains in effect until I cancel it in writing or I receive payment of my employee deductions for FERS (and CSRS, if applicable).

I direct, unless otherwise indicated below, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason, shall be distributed equally among the stated beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive and eligible to receive payment when a lump-sum payment becomes payable, this designation is void, and payment will be made according to the order of precedence set by law.

**SECTION B—INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (See Examples of Designations)—TYPE OR PRINT**

First name, middle initial, and last name of each beneficiary	Address, including ZIP Code, of each beneficiary	Relationship	Share to be paid
---	--	--------------	------------------

(b) (6)

Total = 100%

Date of Designation (Month, Day, Year)

2-3-97

Your Signature

*Johnnie Milton Jones*

**SECTION C—WITNESSES TO SIGNATURE (A Witness is ineligible to receive payment as a beneficiary)**

We, the undersigned, certify that this statement was signed in our presence.

(b) (6)

TYPE OR PRINT YOUR RETURN ADDRESS TO INSURE RETURN OF COPY

(b) (6)

**RECEIVING AGENCY CERTIFICATION**

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date Received

2-3-97

Signature

*Regina J. Davis*

Date

2-3-97

See back of employee copy for instructions  
on where to  
NSN 7540-01-248-02

ORIGINAL

January 1987  
Personnel Management  
R 843

This is an 'official' document generated from the eOPF system.

**IMPORTANT**—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Retirement System or under the Civil Service Retirement System you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any lump sum payable at your death.

### EXAMPLES OF DESIGNATIONS

**1. How to Designate One Beneficiary** *Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.*

First name, middle initial, and last name of each beneficiary	Address, including ZIP Code, of each beneficiary	Relationship	Share to be paid
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Niece	100%

**2. How to Designate More Than One Beneficiary** *Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.*

First name, middle initial, and last name of each beneficiary	Address, including ZIP Code, of each beneficiary	Relationship	Share to be paid
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	25%
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50%

**3. How to Designate a Contingent Beneficiary**

First name, middle initial, and last name of each beneficiary	Address, including ZIP Code, of each beneficiary	Relationship	Share to be paid
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	100%
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100%

**4. How to Cancel a Designation of Beneficiary and Effect Payment Under Order of Precedence (See back of duplicate)**

First name, middle initial, and last name of each beneficiary	Address, including ZIP Code, of each beneficiary	Relationship	Share to be paid
Cancel prior designations			





**DESIGNATION OF BENEFICIARY**  
**Federal Employees' Group Life Insurance Program**

Form Approved  
OMB No. 3206-0136

**WARNING**  
Read instructions on back of duplicate  
before filling in this form

**INFORMATION CONCERNING THE INSURED:**

Name (Last, First, Middle) <u>JONES, JOHNNIE MILTON</u>	Date of Birth (Month, Day, Year) <u>(b) (6)</u>	Social Security Number <u>(b) (6)</u>
--	--	--

Place an "X" in the appropriate box below:

<input checked="" type="checkbox"/> An employee	<input type="checkbox"/> Retired or an applicant for retirement	<input type="checkbox"/> Receiving OWCP benefits or an applicant for OWCP benefits
---	---	--

If you are retired or receiving Federal Employees' Compensation, give your "CSA", "CSI", or OWCP claim number.

Department or agency in which presently employed (If retired, former department or agency):

Department or Agency	Bureau	Division	Location (City, State and ZIP Code)
----------------------	--------	----------	-------------------------------------

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death.  
I understand that this Designation of Beneficiary will remain in full force and

effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "I" on reverse side of duplicate copy). If this designation form is determined invalid for any reason, the next prior valid designation form will be given full force and effect. If no such prior form exists, the proceeds will be distributed according to the Order of Precedence.

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (See Examples of Designations):**

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
(b) (6)			

For each type of insurance (Basic Life, Option A—Standard, and Option B—Additional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or become disqualified for any reason from receiving a share of the benefits shall be distributed equally among the surviving beneficiaries, or entirely to the survivor; (2) I understand that this Designation of Beneficiary

shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this designation of beneficiary at any time without knowledge or consent of the beneficiary.

PRINT OR TYPE NAME AND ADDRESS (Including ZIP Code) OF INSURED

JOHNNIE M. JONES  
(b) (6)

Please check:

- ☒ I have signed this form in the presence of the two witnesses who have signed below.
- ☒ Neither witness is named as a beneficiary.
- ☒ If I designated shares to be paid to more than one beneficiary, the shares add up to 100%. (Dollar amounts are not acceptable.)

Date of Execution (Month, Day, Year)

2-3-97

Signature of Insured

[Signature]

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

(b) (6)

Receiving Agency <u>EPA Region 6</u>	Date of Receipt <u>2-3-97</u>	Agency Signature <u>[Signature]</u>	Title <u>Personnel Staffing Specialist</u>
---	----------------------------------	--	---

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.  
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.

**IMPORTANT**—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Program you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any life insurance payable under the Program at your death.

### EXAMPLES OF DESIGNATIONS

**1. How to Designate One Beneficiary** *Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.*

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Niece	100%

**2. How to Designate More Than One Beneficiary** *Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.*

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	25%
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50%

**3. How to Designate a Contingent Beneficiary**

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	100%
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100%

**4. How to Designate Different Beneficiaries for Basic Life and Optional Coverages\***

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
John D. Jones	124 Elm Street Dayton, OH 45420	Son	All Basic Life
Jane M. Smith	421 Spring Avenue Portland, ME 04101	Niece	All Opt. A—Standard
Elizabeth J. Allen	234 Fifth Avenue New York, NY 10029	Daughter	50% Opt. B—Additional
Ann J. Borden	678 Ninth Street Philadelphia, PA 19123	Daughter	50% Opt. B—Additional

**5. How to Cancel a Designation of Beneficiary and Effect Payment Under Order of Precedence (See back of duplicate)**

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
Cancel prior designations			

\*If a beneficiary for Basic Life, Option A—Standard, or Option B—Additional predeceases designator, and there is no surviving beneficiary or contingent beneficiary for th:





# LIFE INSURANCE ELECTION

Federal Employees' Group Life Insurance Program

See Privacy Act  
Information on  
Back of Part 3

**1** General Instructions: By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic Life Insurance. When you first become eligible for FEGLI, you have the choice of (1) electing Basic Life and any or all of the options, (2) electing Basic Life but declining all of the options, or (3) waiving all life insurance coverage. If you are changing your election, see the back of Part 3 - Employee Copy. This election will supersede all previous elections.

To complete this form:

- Read the back of Part 3 - Employee Copy carefully.
- Type or print in ink.
- Do not separate the parts. Your employing office will complete the form and return your copy to you. This form should be kept with your FEGLI booklet, *Description and Certification of Enrollment* (RI 76-21).

**2** Fill in identifying information

Name (Last)	(First)	(Middle)	Date of birth (month, day, year)	Social Security Number
JONES	JOHNNIE	MILTON		(b) (6)
Employing department or agency			Agency location (City, State, ZIP code)	
ENVIRONMENTAL PROTECTION AGENCY			DALLAS, TX	

**3** To elect Basic Life, sign and date below. If you do not elect Basic Life, you may not elect any form of optional insurance. If you do not want any insurance at all, skip to section 5.

Basic Life	I want the	(b) (6)	Date (month, day, year)
	Signature	(b) (6)	
			2-3-97

**4** If you have elected Basic Life, you may elect any or all of the following options (unless you have previously declined any or all of these options, in which case you may only elect those options which you are eligible to elect as outlined in the FEGLI booklet). Sign the box(es) below for any option(s) you are eligible for and wish to elect. You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s). Further, if you decline one or more of the options, your opportunities to enroll in an option or increase your optional coverage are strictly limited. See "Conditions for Changing Election" in your FEGLI booklet.

Option A - Standard	Option B - Additional	Option C - Family
I want Standard optional insurance. I authorize deductions to pay the full cost.	I want the Additional optional insurance in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. (Indicate multiple by marking "X" in the appropriate box. Do not mark more than one box.)  1 times my pay 2 times my pay 3 times my pay	I want the Family optional insurance. I understand that upon the death of my spouse I would receive \$5,000 and that upon the death of an eligible child I would receive \$2,500. I authorize deductions to pay the full cost.  4 times my pay 5 times my pay
(b) (6)		

**5** If you want NO life insurance coverage at all, sign and date below.

Waiver of All  
Life Insurance  
Coverage

I want no insurance coverage at all. I understand that any insurance I have will stop at the end of the pay period in which my employing office receives this waiver and that I cannot get Basic Life insurance unless (1) I wait at least one year after I sign this form AND give satisfactory medical evidence of insurability, or (2) I have a break in Federal service of at least 180 days. I understand that I cannot get any optional insurance unless I first have Basic Life. I have read "Waiving or Changing Your Insurance Coverage" on the back of Part 3 and I understand that my decision to waive insurance coverage now may affect my eligibility for coverage as a retiree.

(b) (6)

**6** TO BE COMPLETED BY AGENCY. Agency remarks:

Name and address of employing office	Date received in employing office (month, day, year)	Effective date of coverage (month, day, year)
U.S. EPA Region 6 1445 Ross Avenue DALLAS, TX 75202-2733	2-3-97	2-3-97
I followed the instructions on the back of Part 1.		
Signature of authorized agency official		
Deanna J. Davis		

The employee's copy of this form, when completed by the employing office, together with the FEGLI booklet, *The Federal Employees' Group Life Insurance Description and Certification of Enrollment* (RI 76-21), constitute the employee's Certificate of Insurance.

PART 1 - File in Official Personnel Folder



## INSTRUCTIONS TO EMPLOYING AGENCIES

### 1. Who must file this form -

- New employees eligible for insurance.
- Employees appointed to nonexcluded positions following service during which they were ineligible for insurance.
- Employees who want to change their insurance.
- Reinstated employees who filed a previous waiver of life insurance and who were separated from service for at least 180 days. The previous waiver is automatically canceled for this group.

Give a new employee a copy of the FEGLI booklet, *Description and Certification of Enrollment* (henceforth referred to as the FEGLI booklet), when he or she reports for duty and ask the employee to return the completed SF 2817 as soon as possible (preferably before the end of the first pay period) but no later than 31 days after his or her appointment.

An employee with newly acquired insurance eligibility (for example, one transferred or converted from an excluded to a nonexcluded position or status) must be given the same opportunity to complete an SF 2817 as a new employee.

Employees with prior service in nonexcluded positions who were separated after March 31, 1981, will have an SF 2817 on file in their personnel folders, and that election or non-election of coverage remains in effect. A new SF 2817 should not be filed unless the employee has a break in Federal service of at least 180 days or wishes to cancel a previous waiver or declination that has been in effect for at least one year.

**Note:** Generally, the only amount of standard optional insurance (Option A-Standard) available is \$10,000. The standard optional insurance will exceed \$10,000 only if the combined total of the basic insurance amount plus the \$10,000 for this option is less than the employee's annual basic rate of pay (as defined in §870.302 of Title 5, Code of Federal Regulations). The amount of standard optional insurance will then be an amount which, when combined with the basic insurance amount, will equal the amount of the employee's basic rate actually payable (rounded to the next higher thousand dollars, if not an even thousand). The employee must pay the full cost of the standard optional insurance. Note in the Remarks section of Item 6 "employee's standard optional insurance exceeds \$10,000."

Until an employee's SF 2817 on file is verified, make deductions based on his or her statement about earlier insurance coverage in the employee's "Declaration of Appointee" (SF 61B).

An employee desiring to reduce his or her insurance may at any time file an SF 2817 declining any optional insurance, waiving Basic Life (and optional, if any) insurance or electing a lower multiple of pay under Option B - Additional.

An employee may request to elect or increase Basic Life, Option A - Standard, or Option B - Additional insurance (but not Option C), if a signed waiver has been in effect for more than one year. The employee must first submit a "Request for Insurance" (SF 2822). If approved, ask the employee to submit an SF 2817 showing his or her election.

An employee who is enrolled for Basic Life insurance may elect coverage under Option B - Additional insurance within 60 days of his or her marriage or the acquisition of an eligible child (see the FEGLI booklet).

An employee who is already enrolled in Option B - Additional for at least one multiple of pay may change to a higher multiple if he or she marries or acquires an eligible child (see the FEGLI booklet). The number of multiples by which coverage can be increased is limited to the number of new family members acquired.

An employee who is already enrolled for Basic Life insurance and marries or acquires an eligible child may enroll in Option C - Family within 60 days of the event.

**2. Employee failing to file -** If a new employee (or newly eligible employee) does not promptly return an SF 2817, the employee should be urged to do so even if he or she does not want any optional insurance. (The employee will be covered automatically for Basic Life insurance.)

If an employee still fails to file an SF 2817 within 31 days after appointment (or becoming eligible for insurance), complete one for the employee as of that date; note in the Remarks section of Item 6, "employee contacted on (date) - failed to elect optional insurance."

**3. Review of completed SF 2817 -** Agencies should review the original and both copies of the SF 2817 to see that they are legible and complete. An SF 2817 is not complete if an employee signs the box for Option A - Standard, Option B - Additional, or Option C - Family, but fails to sign item 3, Basic Life.

Instruct the employee that, while the agency will make sure that the SF 2817 is complete, the employee is solely responsible for ensuring that the SF 2817 is correct; i.e., that the elections made accurately reflect the employee's intentions.

**4. Completion of form -** The Personnel Officer or his or her designated representative must confirm that the employee is eligible for the coverage that he or she has elected and sign the form.

**5. Date received -** Enter the date of receipt by the employing office.

**6. Number of event permitting change -** Enter the number of the event permitting a change, if applicable. See the Table of Effective Dates on the back of Part 2 for event numbers.

**7. Effective date of coverage -** Enter the effective date of coverage. This date is determined by the date of receipt in the employing office and the coverage elected. See the Table of Effective Dates on the back of Part 2.

**8. Disposition of SF 2817 -** After completion, remove Part 3 and return it to the employee. File Part 1 in the employee's personnel folder. Destroy Part 2 after payroll office use.





# HEALTH BENEFITS REGISTRATION FORM

Form Approved:  
OMB No. 3206-0160

• Complete Part A and Parts B, C,  
D, and E as applicable.

• Do not separate the copies. Your employing office will certify the completed form and return your copy to you.

• Type or Print Firmly.  
• Sign and date in Part F.

## PART A - Fill in this part

1. Name (Last, first, middle initial) <b>JONES, JOHNNIE M.</b>	2. Social Security number <b>(b) (6)</b>	3. Date of birth (mo., day, yr.) <b>(b) (6)</b>
4. Your home mailing address (include ZIP code) <b>(b) (6)</b>	5. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6. Are you now married? <b>(b) (6)</b>
	7. Daytime telephone number <b>( ) ( ) ( ) ( ) ( ) ( )</b>	

## PART B - Fill in this part if you wish to enroll or change your enrollment in the Federal Employees Health Benefits (FEHB) Program.

1. I elect to enroll in a health benefits plan as shown below. (Copy the information requested below from front cover of brochure of the plan you select.)

Name of plan					Enrollment code
2a. Names of family members	2b. ZIP code	2c. Date of birth (mo., day, yr.)	2d. Sex	2e. Relationship "code"	2f. Social Security number (See Instructions)
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			

3a. Do you, your spouse or any other eligible family members have any group health insurance coverage other than the FEHB plan in which you are now enrolling or enrolled? ☐ No ☐ Yes → Complete 3b

3b. Type of insurance ☒ Medicare ☐ No ☐ Yes → Indicate part(s) ☐ CHAMPUS ☐ Other private (specify name)

## PART C - Fill in this part, as well as PART B, to change enrollment.

1. Present Plan name <b>(b) (6)</b>	2. Present Plan enrollment code <b>(b) (6)</b>	3. Number of event that permits change (See Table of Permissible Changes) <b>(b) (6)</b>	4. Date of event that permits change (mo., day, yr.) <b>(b) (6)</b>
--	---	---	--

## PART D - Employees Only

Place an "X" in the box below if you wish NOT TO ENROLL in the FEHB Program.

☐ I elect not to enroll in the Federal Employees Health Benefits Program.

My signature in PART F certifies that I have read and understand the information regarding this election.

## PART E - CANCELLATION

Place an "X" in the box below if you wish to CANCEL your enrollment.

☐ I elect to cancel my enrollment in the Federal Employees Health Benefits Program. I am currently enrolled under the code shown at the right.

My signature in PART F certifies that I have read the information in the instructions regarding cancellation of enrollment and that I understand that I must meet the 5-year requirement to qualify for FEHB coverage after retirement.

## PART F - Fill in this part

WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

1. Your signature (Do not print) <b>[Signature]</b>	2. Date <b>2-3-97</b>
--	--------------------------

## PART G - To be completed by agency

1. Name and address of employing office <b>U.S. EPA Region 6 1445 Ross Avenue (6RMD-AP) DALLAS, TX 75202-2733</b>	2. Date received in employing office <b>2-3-97</b>	3. Effective date of action <b>2-3-97</b>	4. SF 2811 report number
	5. Payroll office number <b>68-01-0017</b>	6. Payroll contact and telephone number <b>Customer Assistance (202) 260-5116</b>	
	7. Personnel contact and telephone number <b>Peggy J. Davis (214) 665-7417</b>	8. Signature of authorized agency official <b>[Signature]</b>	9. Phone number <b>(214) 665-7417</b>

Remarks



# NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>02-02-97</b>			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code <b>002</b>		5-B. Nature of Action <b>CORRECTION</b>		6-A. Code <b>101</b>		6-B. Nature of Action <b>CAREER-COND APPT</b>					
5-C. Code		5-D. Legal Authority		6-C. Code		6-D. Legal Authority					
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number				15. TO: Position Title and Number <b>6-6-092 ENVIRONMENTAL PROTECTION SPECIALIST</b>							
8. Pay Plan		9. Occ. Code		10. Grade/Level		11. Step/Rate		12. Total Salary		13. Pay Basis	
16. Pay Plan		17. Occ. Code		18. Grade/Level		19. Step/Rate		20. Total Salary/Award		21. Pay Basis	
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.	
12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay	
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.	
12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay	
14. Name and Location of Position's Organization				22. Name and Location of Position's Organization <b>90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING &amp; PERMITTING DIV., INFORMATION MANAGEMENT SECTION  DALLAS, TEXAS</b>							
<b>EMPLOYEE DATA</b>											
23. Veterans Preference <b>1 - None</b>				24. Tenure <b>2 - Conditional</b>				25. Agency Use <b>(b) (6)</b>			
27. FEGLI <b>(b) (6)</b>				28. Annuitant Indicator <b>(b) (6)</b>				29. Pay Rate Determinant <b>0</b>			
30. Retirement Plan <b>K - FERS &amp; FICA</b>				31. Service Comp. Date (Leave) <b>(b) (6)</b>				32. Work Schedule <b>F - FULL TIME</b>			
33. Part-Time Hours Per Biweekly Pay Period <b>00</b>				34. Position Occupied <b>1 - Competitive Service</b>				35. FLSA Category <b>N - Nonexempt</b>			
36. Appropriation Code <b>8520</b>				37. Bargaining Unit Status <b>7777</b>				38. Duty Station Code <b>48-1730-113</b>			
39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>				40. AGENCY DATA <b>150</b>				41. <b>02-02-97</b>			
42. <b>02-02-97</b>				43. <b>AYM ABK</b>				44. <b>02-02-97 I 02-02-97 A</b>			
45. Remarks <b>CORRECTS ITEM 23 FROM 1 CORRECTS ITEM 28 FROM 9</b>											

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			50. Signature/Authentication and Title of Approving Official <b>[Signature] PERSONNEL MGMT. SPECIALIST</b>		
47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3262</b>		49. Approval Date <b>03-05-97</b>	



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) JONES, JOHNNIE M.	2. Social Security Number (b) (6)	3. Date of Birth (b) (6)	4. Effective Date 02-02-97
--	--------------------------------------	-----------------------------	-------------------------------

### FIRST ACTION

5-A. Code 882	5-B. Nature of Action CHG IN SCD
5-C. Code VZM	5-D. Legal Authority 5 U.S.C. 6303
5-E. Code	5-F. Legal Authority

### SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

### 7. FROM: Position Title and Number

6-6-092  
ENVIRONMENTAL PROTECTION SPECIALIST

### 15. TO: Position Title and Number

6-6-092  
ENVIRONMENTAL PROTECTION SPECIALIST

8. Pay Plan GS	9. Occ. Code 0028	10. Grade/Level 07	11. Step/Rate 01	12. Total Salary \$25725.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 0028	18. Grade/Level 07	19. Step/Rate 01	20. Total Salary/Award \$25725.00	21. Pay Basis PA
12A. Basic Pay 24178.00	12B. Locality Adj. 1547.00	12C. Adj. Basic Pay 25725.00	12D. Other Pay 0.00	20A. Basic Pay 24178.00	20B. Locality Adj. 1547.00	20C. Adj. Basic Pay 25725.00	20D. Other Pay 0.00				

### 14. Name and Location of Position's Organization

90684100  
EPA, REGION 6 DALLAS,  
MULTIMEDIA PLANNING & PERMITTING DIV.,  
INFORMATION MANAGEMENT SECTION  
  
DALLAS, TEXAS

### 22. Name and Location of Position's Organization

90684100  
EPA, REGION 6 DALLAS,  
MULTIMEDIA PLANNING & PERMITTING DIV.,  
INFORMATION MANAGEMENT SECTION  
  
DALLAS, TEXAS

### EMPLOYEE DATA

23. Veterans Preference 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use (b) (6)	
28. Annuitant Indicator (b) (6)	29. Pay Rate Determinant 00		
30. Retirement Plan K FERS & FICA	31. Service Comp. Date (Leave) (b) (6)	32. Work Schedule FULL TIME	33. Part-Time Hours Per Biweekly Pay Period 00

### POSITION DATA

34. Position Occupied 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code 8520	37. Bargaining Unit Status 1111
38. Duty Station Code 48-1730-113	39. Duty Station (City - County - State or Overseas Location) DALLAS, TEXAS		

40. AGENCY DATA 150	41. 02-02-97	42.	43. AYM ABK	44. 09-11-94 I 02-02-97 A
------------------------	--------------	-----	-------------	---------------------------

45. Remarks  
(b) (6)

46. Employing Department or Agency  
ENVIRONMENTAL PROTECTION AGENCY

50. Signature/Authentication and Title of Approving Official

47. Agency Code EP 00	48. Personnel Office ID 3262	49. Approval Date 05-05-97
--------------------------	---------------------------------	-------------------------------

PERSONNEL MGMT. SPECIALIST



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>JONES, JOHNNIE M.</b>		2. Social Security Number <b>(b) (6)</b>	3. Date of Birth <b>(b) (6)</b>	4. Effective Date <b>02-02-97</b>
<b>FIRST ACTION</b>		<b>SECOND ACTION</b>		
5-A. Code <b>101</b>	5-B. Nature of Action <b>CAREER-COND APPT</b>	6-A. Code	6-B. Nature of Action	
5-C. Code <b>AYM</b>	5-D. Legal Authority <b>DIRECT-HIRE AUTHORITY LUEVAND DECREE</b>	6-C. Code	6-D. Legal Authority	
5-E. Code <b>ABK</b>	5-F. Legal Authority <b>ACWA OUTSTANDING SCHOLAR PROGR</b>	6-E. Code	6-F. Legal Authority	

7. FROM: Position-Title and Number						15. TO: Position Title and Number <b>6-6-092</b> <b>ENVIRONMENTAL PROTECTION SPECIALIST</b>					
8. Pay Plan <b>GS</b>	9. Occ. Code <b>0028</b>	10. Grade/Level <b>07</b>	11. Step/Rate <b>01</b>	12. Total Salary <b>\$25725.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>0028</b>	18. Grade/Level <b>07</b>	19. Step/Rate <b>01</b>	20. Total Salary/Award <b>\$25725.00</b>	21. Pay Basis <b>PA</b>
12A. Basic Pay <b>0.00</b>	12B. Locality Adj. <b>0.00</b>	12C. Adj. Basic Pay <b>0.00</b>	12D. Other Pay <b>0.00</b>	20A. Basic Pay <b>24178.00</b>	20B. Locality Adj. <b>1547.00</b>	20C. Adj. Basic Pay <b>25725.00</b>	20D. Other Pay <b>0.00</b>				
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization <b>90684100</b> <b>EPA, REGION 6 DALLAS,</b> <b>MULTIMEDIA PLANNING &amp; PERMITTING DIV.,</b> <b>INFORMATION MANAGEMENT SECTION</b>  <b>DALLAS, TEXAS</b>					

### EMPLOYEE DATA

23. Veterans Preference <b>1 - None</b> <b>2 - 5 Point</b> <b>3 - 10 Point/Disability</b> <b>4 - 10 Point/Compensable</b> <b>5 - 10 Point/Other</b> <b>6 - 10 Point/Compensable/30%</b>	24. Tenure <b>2 - 0 - None</b> <b>1 - Permanent</b> <b>2 - Conditional</b> <b>3 - Indefinite</b>	25. Agency Use <b>8</b>	26. Veterans Preference for RIF <b>(b) (6)</b>
27. FEGLI <b>(b) (6)</b>	28. Annuitant Indicator <b>9 - NOT APPLICABLE</b>	29. Pay Rate Determinant <b>0</b>	
30. Retirement Plan <b>K - FERS &amp; FICA</b>	31. Service Comp. Date (Leave) <b>(b) (6)</b>	32. Work Schedule <b>F - FULL TIME</b>	33. Part-Time Hours Per Biweekly Pay Period <b>00</b>

### POSITION DATA

34. Position Occupied <b>1 - 1 - Competitive Service</b> <b>2 - Excepted Service</b> <b>3 - SES General</b> <b>4 - SES Career Reserved</b>	35. FLSA Category <b>N - Nonexempt</b>	36. Appropriation Code <b>8520</b>	37. Bargaining Unit Status <b>7777</b>
38. Duty Station Code <b>48-1730-113</b>		39. Duty Station (City - County - State or Overseas Location) <b>DALLAS, TEXAS</b>	
40. AGENCY DATA <b>150</b>	41. <b>02-02-97</b>	42.	43. AYM ABK
44. <b>02-02-97 I 02-02-97 A</b>			

45. Remarks  
APPOINTMENT IS SUBJECT TO COMPLETION OF ONE YEAR INITIAL PROBATIONARY PERIOD BEGINNING 02-02-97  
FULL PERFORMANCE LEVEL OF EMPLOYEE'S POSITION IS **GS-12**.  
APPOINTMENT AFFIDAVIT EXECUTED 02-03-97  
**(b) (6)**

**(b) (6)**

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			50. Signature/Authentication and Title of Approving Official <b>PERSONNEL MGMT. SPECIALIST</b>	
47. Agency Code <b>EP 00</b>	48. Personnel Office ID <b>3262</b>	49. Approval Date <b>01-19-97</b>		





(b) (6)

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT  
(OF 612 -- Form Approved: OMB No. 3206-021)

11M RAT#23621  
R: 20 Nov 14  
P: 11/13/96  
W 9

You may apply for most jobs with a resume, this form, or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

=====

1. JOB TITLE IN ANNOUNCEMENT: (Various Administrative Occupations), DALLAS TX ONLY
  2. GRADE(S) APPLYING FOR: GS-0028-5 or GS-0028-7
  3. ANNOUNCEMENT NUMBER: D97-001
  4. LAST NAME: JONES FIRST, MIDDLE: JOHNNIE MILTON
  5. SOCIAL SECURITY NUMBER: (b) (6) 5a. DATE OF BIRTH: (b) (6)
  6. MAILING ADDRESS: (b) (6)  
CITY/STATE/ZIP: (b) (6)
  7. PHONE NUMBERS (include area code) DAYTIME: (b) (6)  
EVENING: (b) (6)
- =====

8. WORK EXPERIENCE: Describe your paid and nonpaid work experience related to the job for which you are applying. (Do not attach job descriptions)

- 1) JOB TITLE: OFFICE SUPERVISOR, SURFACE PACIFIC FLEET READINESS BRANCH, GRADE: SENIOR CHIEF PERSONNELMAN (E-8)

FROM: FEB 95 TO: SEP 96

SALARY: (b) (6) per YEAR HOURS PER WEEK: 40

EMPLOYER'S NAME: ENLISTED PERSONNEL MANAGEMENT CENTER (EPMAC)

AND ADDRESS: 4400 DAUPHINE ST., NEW ORLEANS LA 70159

SUPERVISOR'S NAME: (b) (6)

AND PHONE: (b) (6)

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Supervised 10 Manpower Analysts and one civilian employee in manpower analysis and placement management of over 43,000 critical employment positions (billets) within over 170 Pacific Fleet commands, ensuring minimum manpower combat readiness state maintained for deploying and non-deploying activities. Using U.S. Navy data-base systems and various ADP software programs, analyzed data to determine current and projected manning of billets. Ensured appropriate and timely assignments made by



Bureau of Naval Personnel, Washington DC employees. Directed personnel placement/assignment actions to ensure sufficient minimum personnel manning maintained following criteria established by the Chief of Naval Operations, Commander in Chief, U. S. Pacific Fleet, and Commanding Officer, EPMAC. Assigned taskings to subordinates for all incoming action items with due dates. Reviewed all outgoing correspondence prepared by subordinates; prepared and released various official correspondence in both formal letter and Naval message formats. Prepared formal reports/briefs on readiness status of deploying units and presented to higher Echelons. Prepared and submitted various monthly, semi-annual, and annual reports. Advised Division Officer, Department Head, and Commanding Officer on actions necessary in sensitive situations. Responsible for all other functions of division's operation, including preparation of performance evaluations (military and civilian), submission of personnel action documents to Human Resources Office, and counseling all subordinates on a variety of matters. Collaterally served as Command Duty Officer and Emergency Relocation Coordinator.

- 2) JOB TITLE: ASSISTANT RESERVE PROGRAMS OFFICER, GRADE: SENIOR CHIEF PERSONNELMAN (E-8)

FROM: MAY 93 TO: FEB 95

SALARY: (b) (6) per YEAR HOURS PER WEEK: 50

EMPLOYER'S NAME: NAVAL AIR STATION

AND ADDRESS: DALLAS, TX 75211

SUPERVISOR'S NAME: (b) (6)

AND PHONE: (b) (6) (current numbers)

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Supervised 3 Divisions, 28 military/civilian employees, of the Reserve Programs and Training Department. Responsible for personnel/pay and administrative management of over 2,000 Naval Reservists, and formal classroom training of over 5,000 active duty and inactive duty military personnel in various professional related subjects. Reviewed/approved all personnel action documents prepared for personnel and pay services provided to constituents. Counseled constituents and subordinates on a myriad of matters, including federal rights and benefits. Conducted liaison with local Human Resources offices on a wide range of matters relating to staff personnel and constituents. Principal advisor to Commanding Officer, Naval Air Station, Dallas and other senior officials on Naval Reserve management issues. Collaterally served as Command Duty Officer, recorder for command's Award and Recognition Board,



member of Senior Enlisted Advisory Board; and other command advisory and management panels.

- 3) JOB TITLE: ASSISTANT ADMINISTRATIVE OFFICER, GRADE: SENIOR CHIEF PERSONNELMAN (E-8)

FROM: APR 92 TO: MAY 93

SALARY: (b) (6) per YEAR HOURS PER WEEK: 40

EMPLOYER'S NAME: NAVAL AIR STATION

AND ADDRESS: DALLAS, TX 75211

SUPERVISOR'S NAME: (b) (6)

AND PHONE: (b) (6)

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Administrative supervisor, directly responsible for 9 military/civilian subordinates performing all administrative functions for the Commanding Officer, Naval Air Station, Dallas, such as correspondence, files maintenance, directives issuance, reports preparation and submission, Human Resources management, and general office administrative duties. Additionally served as Postal Officer; supervised 2 military personnel in providing mail serves for Naval Air Station and all tenant activities. Responsible for the handling of over 70,000 postal articles monthly. Coordinated administrative activities of all other station departments. Reviewed all outgoing correspondence and reports prepared for Commanding or Executive Officers' signature. Ensured all station administrative and postal activities and functions maintained per current Departments of Defense and Navy regulations and standards. Recorder for command's Awards and Recognition Board, responsible for final preparation of all awards/recognition documents for station's military and civilian personnel. Collaterally served as Command Duty Officer and member of various command advisory panels.

- 4) JOB TITLE: MANPOWER ANALYST/STRENGTH PLANNER, GRADE: CHIEF/SENIOR CHIEF PERSONNELMAN (E-7/E-8)

FROM: MAY 88 TO: APR 92

SALARY: (b) (6) per YEAR HOURS PER WEEK: 40

EMPLOYER'S NAME: COMMANDER, NAVAL RESERVE FORCE

AND ADDRESS: 4400 DAUPHINE ST., NEW ORLEANS, LA 70146

SUPERVISOR'S NAME: (b) (6)

AND PHONE: (b) (6)



DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Managed over 100,000 employment positions (billets) at staff level for all Naval Reserve programs. Using U. S. Navy computer systems and various ADP software programs, analyzed current and past manning trends and statistics for over 70 specific job areas, projecting manpower requirements within applicable federal laws, and Departments of Defense and Navy regulations. Developed semiannual and fiscal year enlisted Naval Reserve recruiting, placement, and promotion requirements; and prepared/maintained the Naval Reserve's Six-Year Defense Plan for manpower plans used in congressional budgetary submissions. Using ADP sources, analyzed data and determined locations for placement of billets throughout Naval Reserve field activities. Prepared and submitted various correspondence and required/AD HOC reports. Prepared and submitted or presented manpower briefs to various flag/staff Naval officials. Collaterally served as Command Duty Officer and served on numerous advisory committees/panels.

- 5) JOB TITLE: SUPERVISOR, ENLISTED RECORDS BRANCH/SOURCE  
DATA SYSTEM SITE MANAGER, GRADE: CHIEF  
PERSONNELMAN (E-7)

FROM: MAY 85 TO: MAY 88

SALARY: (b) (6) per YEAR HOURS PER WEEK: 40

EMPLOYER'S NAME: PERSONNEL SUPPORT ACTIVITY DETACHMENT

AND ADDRESS: NAVAL STATION, CHARLESTON, SC 29408-5626

SUPERVISOR'S NAME: (b) (6)

AND PHONE: (b) (6)

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Supervised records management branch responsible for personnel and pay functions for over 3,000 officer and enlisted Naval personnel assigned to over 85 customers commands at Naval Station, Charleston. Reviewed all administrative functions of 11 military/civilians subordinates such as personnel and pay actions, correspondence, and dependent support activities. Prepared and submitted various required reports. Counseled military personnel and dependents on rights and benefits. Advised constituents commands on a myriad of Human Resources management topics. (4/85-2/86). Managed new ADP system, Source Data System (SDS), a multi-database system designed for preparation and submission of personnel and pay documents supporting over 35,000 serviced accounts for over 100 customer commands at Naval Station, Charleston. Local coordinator during implementation of the new system, serving as liaison between SDS system managers in Washington, and local officials and contractors ensuring proper installation. Coordinated training



of over 150 activity personnel in operation of new SDS. Trained all new employees after implementation. Reviewed activities of all departments, ensuring proper preparation and submission of system documents. Prepared and submitted various required system reports. Prepared AD HOC reports for customer commands extracting information from SDS databases. (2/86-5/88). Collaterally served as Command Counselor, Saving Bond Officer, Public Affairs Officer, and member of Command Safety Committee.

- 6) JOB TITLE: INSTRUCTOR/SECTION CHIEF, GRADE: PERSONNELMAN FIRST CLASS/CHIEF PERSONNELMAN (E-6/E-7)

FROM: AUG 81 TO: MAY 85

SALARY: (b) (6) per YEAR HOURS PER WEEK: 40

EMPLOYER'S NAME: NAVAL RESERVE FORCE DETACHMENT MANAGEMENT SCHOOL

AND ADDRESS: NAVAL SUPPORT ACTIVITY, NEW ORLEANS, LA 70114

SUPERVISOR'S NAME: (b) (6)

AND PHONE: (b) (6)

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Instructor/Branch Chief; supervised 6 instructors, provided formal classroom training to over 1500 Navy and Naval Reserve benefits counselors annually in military and federal benefits and services, and in proper program management procedures. Prepared lessons, instructor guides, teaching aids, and maintained student records. Prepared and submitted various required reports. Prepared and submitted fiscal year budget requirements to school director. Responsible for all divisional correspondence and other administrative functions. Coordinated arrangements for off-site classes held at various Naval activities nation-wide. Ensured all new instructors trained per school directives and that all instructors maintained proficiency on information taught. Collaterally served as Duty Officer.

- 7) JOB TITLE: PERSONNEL ADMINISTRATOR, GRADE: SECOND and FIRST CLASS PERSONNELMAN (E-5/E-6)

FROM: JUL 78 TO: JUN 81  
FROM: JAN 72 TO: FEB 76

SALARY: (b) (6) per YEAR HOURS PER WEEK: 50

EMPLOYER'S NAME: NAVAL RESERVE CENTER

AND ADDRESS: ASHEVILLE, NC 28804

SUPERVISOR'S NAME: (b) (6)





AND PHONE: Current Unknown

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Maintained personnel and general administrative matters for six supported Naval Reserve units, with over 500 officer/enlisted personnel. Supervised 1 full-time civilian employee and 13-20 Naval Reservists in performance of personnel and general administrative functions. Maintained personnel records for assigned Naval Reserve personnel. Routed correspondence and directives; initiated and prepared correspondence for units, filed correspondence and directives. Monitored and recorded drill attendance performance for officer/enlisted personnel. Updated and submitted data into reserve field reporting system. Responded to inquiries and counseled personnel on a myriad of topics, including performance requirements, rights and benefits and military reserve careers. Performed duties as Staff Classifier and Classification Interviewer for Recruiting Office, responsible for the job classification of all military personnel using established Departments of the Navy and Labor requirements. Principle advisor to unit Commanding Officers on Human Resource matters. Maintained tickler systems for reports. Collaterally served as Duty Officer.

8) JOB TITLE: ADMISSIONS CLERK, GS-???-04

FROM: 1976 TO: JUN 78

SALARY: [REDACTED] per YEAR HOURS PER WEEK: 40

EMPLOYER'S NAME: VETERANS ADMINISTRATION HOSPITAL

AND ADDRESS: ASHEVILLE, NC 28805

SUPERVISOR'S NAME: [REDACTED] (b) (6)

AND PHONE: [REDACTED] (b) (6)

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Interviewed scheduled and unscheduled patients or family members of patients being admitted to hospital to obtain required information. Assigned patient to medical service/attending staff physician based on admitting physician's direction. Maintained bed control statistics. Cross-trained and served as relief for Eligibility Clerk and for Travel Clerk. In Eligibility Clerk capacity, verified eligibility of patient to receive VA medical benefits and services using laws and VA regulations. As Travel Clerk, arranged transportation to and from hospital for ambulatory and non-ambulatory patients using established VA eligibility criteria, and arranged ground and air transportation for staff physicians and other employees as required.



9) JOB TITLE: METEOROLOGICAL TECHNICIAN, GS-???-03

FROM: 1976 TO: 1976

SALARY: (b) (6) per YEAR HOURS PER WEEK: 40

EMPLOYER'S NAME: NATIONAL OCEANOGRAPHIC AND ATMOSPHERIC  
ADMINISTRATION

AND ADDRESS: FEDERAL BLDG., ASHEVILLE, NC 28801

SUPERVISOR'S NAME: (b) (6)

AND PHONE: (b) (6)

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Researched and retrieved weather records requested by various government and non-government individuals through senior Meteorological Technicians. Photo-copied original records and prepared copies for mailing to customer.

10) JOB TITLE: MANAGER TRAINEE

FROM: FEB 1969 TO: DEC 1971

SALARY: (b) (6) per YEAR HOURS PER WEEK: 60

EMPLOYER'S NAME: A. B. C SOUTHEASTERN THEATERS, INC.

AND ADDRESS: HICKORY, WILMINGTON, GASTONIA, and DURHAM, NC

SUPERVISOR'S NAME: (b) (6)

AND PHONE: (b) (6)

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Trainee for all aspects of theater management; supervised floor operations, including ticket booth, concession stand, and ushers. Prepared advertisements, ordered supplies, prepared weekly and monthly reports, prepared payroll and paid employees; interviewed and hired employees. Counted daily receipts and deposited receipts.

11) JOB TITLE: PERSONNEL CLERK, GRADE: THIRD CLASS PERSONNELMAN

FROM: SEP 1967 TO: JAN 1969

SALARY: (b) (6) per YEAR HOURS PER WEEK: VARIED

EMPLOYER'S NAME: U. S. NAVY

AND ADDRESS: USS INDEPENDENCE, FPO NEW YORK 09501



SUPERVISOR'S NAME: (b) (6)

AND PHONE: (b) (6)

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Prepared various personnel and pay documents ship's company personnel, verified eligibility for various federal benefits and prepared associated documents. Prepared various weekly, monthly, and annual personnel reports. Maintained personnel records and general administrative files. Performed general military duties.

9. MAY WE CONTACT YOUR CURRENT SUPERVISOR? (If we need to contact your current supervisor before making an offer, we will contact you first.)

YES (b) (6)

NO

EDUCATION

10. MARK HIGHEST LEVEL COMPLETED: Some HS [ ] Bachelor [X]  
HS/GED [ ] Master [ ]  
Associate [ ] Doctoral [ ]

11. LAST HIGH SCHOOL or GED SCHOOL: (b) (6)

CITY/STATE/ZIP: Spartanburg, SC 29302

YEAR DIPLOMA or GED RECEIVED: 1966

12. COLLEGES AND UNIVERSITIES ATTENDED:

- 1) NAME: (b) (6)

CITY/STATE/ZIP: Dallas, TX extension

SEMESTER CREDITS EARNED: (b) (6) MAJOR(S): Management

DEGREE (If any): BBA (b) (6) YEAR RECEIVED: 1993

- 2) NAME: (b) (6)

CITY/STATE/ZIP: New Orleans, LA extension

SEMESTER CREDITS EARNED: (b) (6) MAJOR(S): Business Management

DEGREE (If any): AA YEAR RECEIVED: 1991

13. OTHER QUALIFICATIONS:

- 1) Job-related training courses: (give title and year).

Harvard Graphics, Jun 95  
Lotus Organizer, May 95  
Lotus Notes, May 95  
Lotus 1-2-3 for WINDOWS, Mar 95



Command Training Team (Rights Indoctrination), May 88 and 1985  
Command Master Chief Course, Nov 91  
Leadership and Management Education and Training (Chief Petty Officer), Oct 88  
Reserve Standard Training and Administration Readiness Support, Sep 88  
ENABLE, May 88  
Source Data System Site Manager/Terminal Area Security Officer Training, Jul 87  
Navy Computer Aided Document Originator (CADO) Systems Master Operator Course, Apr 86  
PERSONNELMAN Refresher, Feb 85  
Chief Petty Officer Indoctrination, Sep 83  
Instructional Systems Development, Feb 83  
A.B. Dick MAGNA SL Word Processing, Nov 82  
Leadership and Management Education and Training (Leading Petty Officer), Feb 82  
Instructor Training (Basic), Jul 81  
Personnel Administration, Oct 80  
Reserve Personnel Administration, Nov 79  
Enlisted Classification, Aug 73  
Naval Manpower Information System Procedures, May 72

2) Job-related skills:

Extensive experience in management and supervision of people. Broad background in subordinate counseling, applying laws and regulations as relevant. Further extensive background in dealing with seniors, providing advise on appropriate management actions.

Extensive use/knowledge of various ADP software programs, i.e., WINDOW (Through version 3.11), WORDPERFECT FOR WINDOWS (through version 6.1) and DOS, LOTUS 1-2-3 (for WINDOWS and DOS), DBASE III and III PLUS, HARVARD GRAPHICS (for WINDOWS and DOS), QUATTRO PRO, SUPERBASE, GROUPWISE, LOTUS NOTES, WORDSTAR, and ENABLE.

Extensive use/knowledge in various U. S. Government/Navy MIS and commercial ADP management systems.

Extensive background in human resources management and general administrative functions management.

Type 60 WPM.

Extensive experience is preparation of correspondence, including formal and informal letters and memoranda, directives and formal instructions, and DOD messages.

Previously held Security Clearance for U. S. Navy.

3) Job-related honors, awards, and special accomplishments:

Navy Commendation Medal (four awards)





Navy Achievement Medal (two awards)  
Naval Unit Meritorious Service Medal  
Navy Good Conduct Medal (five awards)  
Naval Reserve Meritorious Service Medal  
National Defense Medal (two awards)  
Armed Forces Reserve Medal (two awards)  
Expert Pistol Marksman Medal  
Aviation Warfare Specialist Designation  
Numerous Letters of Commendation and Appreciation

=====

GENERAL:

14. ARE YOU A U.S. CITIZEN? ..... YES NO

If NO, give the country of your citizenship:

15. DO YOU CLAIM VETERANS' PREFERENCE? ..... YES NO

If YES, mark your claim of 5 or 10 points below:

5 POINTS (b) (6) - Attach your DD 214 or other proof.

10 POINTS (b) (6) - Attach an Application for 10-Point Veterans' Preference (SF 15) and proof required.  
(Application pending)

16. WERE YOU EVER A FEDERAL CIVILIAN EMPLOYEE? ..... YES NO

If YES, for Highest Civilian Grade give:

SERIES: (b) (6) GRADE: (b) (6) FROM: (b) (6) TO: (b) (6)

17. ARE YOU ELIGIBLE FOR REINSTATEMENT BASED ON CAREER OR CAREER-CONDITIONAL FEDERAL STATUS? ... YES NO (b) (6)

If requested, attach SF 50 proof.

APPLICANT CERTIFICATION

18. I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE: 

DATE SIGNED:

13 Nov 96



STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE

IMPORTANT: This form is used only to establish creditability of service, which is otherwise not verified in the Official Personnel Folder, for leave and reduction in force purposes. The employee will complete Part I and the Personnel Office Parts II and III. When this form is used as a cumulative record or the employee's affidavit is used in the absence of a verified record, it must be filed on the right side of the Official Personnel Folder.

PART I.—EMPLOYEE'S STATEMENT.

1. NAME (Last, first, initial)

☒ Mr.

☐ Mrs.

☐ Miss

2. BIRTH DATE (Mo., day, yr.)

JONES, JOHNNIE M.

(b) (6)

3. LIST THE FOLLOWING INFORMATION ABOUT ANY CLAIMED FEDERAL OR DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD WHICH HAS NOT YET BEEN VERIFIED. (Do not include military service.) IF ANY OF THIS SERVICE WAS PART-TIME, WAE, OR INTERMITTENT, NOTE THIS UNDER "TYPE OF APPOINTMENT."

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT (If known)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
VETERANS ADMINISTRATION MEDICAL CENTER, ASHEVILLE, NC 28805	76			78	06		
NATIONAL OCEANOGRAPHIC AND ATMOSPHERIC ADMINISTRATION, ASHEVILLE, NC 28801	76			76			

4. LIST PERIODS OF ANY CLAIMED ACTIVE SERVICE YOU HAVE HAD IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES, INCLUDING ACTIVE DUTY AS A RESERVIST, WHICH HAS NOT YET BEEN VERIFIED. (Also list Merchant Marine service, if it interrupted service shown in Item 3.)

BRANCH	FROM			TO			DISCHARGE (Hon. or Dishon.)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
U.S. NAVY	78	07	10	96	09	30	(b) (6)
U.S. NAVY	72	01	12	76	02	03	
U.S. NAVY	67	09	20	69	01	29	

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY DURING ANY ONE CALENDAR YEAR? (If YES, list following information.)

☐ YES

☐ NO

TYPE IF KNOWN (L.W.O.P., Furl., Susp., A.W.O.L.)	FROM			TO			TOTAL		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS

6. DO YOU CLAIM ANY TYPE OF VETERAN PREFERENCE WHICH HAS NOT BEEN VERIFIED?

(b) (6)

If "Yes," check one

of the following statements if it applies to you:

☐ I CLAIM PREFERENCE AS THE WIFE OF A DISABLED VETERAN.

☐ I CLAIM PREFERENCE AS THE MOTHER OF A DECEASED OR DISABLED VETERAN.

☐ I CLAIM PREFERENCE AS THE UNREMARKED WIDOW OF A VETERAN.

7. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

Date:

Subscribed and sworn to (or

affirmed) before me on this

day of

(Month)

19

at

(City)

(State)

SEAL

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission must be shown.



**TO BE COMPLETED BY THE PERSONNEL OFFICE**

**PART II.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES.** (See FPM, Chapter 630 and Supplement, 296-31, Appendix B.) NOTE: For year below, show only last two numbers, for months show numerical equivalent.

CREDITABLE SERVICE (List only periods that are creditable for leave purposes)	(a) Appointment date			(b) Separation date			NONCREDITABLE SERVICE (List noncreditable civilian or military service included in dates to the left)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
ENTRANCE ON DUTY DATE							
TOTAL NONCREDITABLE SERVICE							
TOTAL	(a)			(b)			
SERVICE COMPUTATION DATE (a)-(b)							

**PART III.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE DATE FOR REDUCTION IN FORCE PURPOSES.** (Complete only in cases where the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.) (See FPM Chapter 351 and Supplement 296-31, Appendix B.)

CREDITABLE SERVICE	(a) Appointment date			(b) Separation date			NONCREDITABLE SERVICE (List noncreditable civilian or military service included in the additional service only)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
SERVICE COMPUTATION DATE (From Part II)							
ADDITIONAL SERVICE CREDITABLE FOR RIF ONLY							
TOTAL NONCREDITABLE SERVICE							
TOTAL	(a)			(b)			
SERVICE DATE (a)-(b)*							

\*Enter as the "Service Date" on Standard Form 7, "Service Record."

REMARKS:



# NORTHWOOD UNIVERSITY



3225 COOK RD., MIDLAND, MICHIGAN 48640  
(517) 837-4200

STUDENT NAME  
JOHNNIE M. JONES

THIS IS NOT AN OFFICIAL TRANSCRIPT WITHOUT REGISTRAR'S SIGNATURE AND COLLEGE SEAL.

STUDENT ID [REDACTED] SOC. SEC. [REDACTED] SEX [REDACTED] DATE OF BIRTH [REDACTED] PAGE 1

DEGREE(S) AWARDED DATE MAJOR(S) HONORS  
ASSOCIATE OF ARTS 91/12 BUSINESS MANAGEMENT  
BACHELOR OF BUS ADM 93/12 MANAGEMENT MAGNA CUM LAUDE

COURSE	TRANSFER '00	GRADE	CREDITS	POINTS	COURSE	GRADE	CREDITS	POINTS
ACC 101	TRANSFER	(b) (6)			MARCH '90	(b) (6)		
ACC 102	TRANSFER				LAW 201 BUSINESS LAW I			
ACC 103	CECILS BUSINESS				TERM CR CPT: 4			
ADV 110					GPA: [REDACTED]			
ENG 101					MAY '90			
GPC 201					PSC 201 INTRO AMER GOVT			
PHL 110					TERM CR CPT: 4			
1TH 101					GPA: [REDACTED]			
ECN 201					OCTOBER '90			
BUS 208					HUM 201 GENERAL HUM			
PSY 103					TERM CR CPT: 4			
ELC 000 GEN CR HRS (HIST)					GPA: [REDACTED]			
ISM 101					NOVEMBER '90			
ELC 000 GEN CR HRS (BUSI)					HUM 201 GENERAL HUM			
BUS 232					TERM CR CPT: 4			
	MARS HILL COLLEGE				GPA: [REDACTED]			
ENG 102					DECEMBER '90			
ENG 103					ECN 202 PRINCIPLES II			
1TH 333					TERM CR CPT: 4			
ELC 000 GEN CR HRS (GEO)					GPA: [REDACTED]			
ELC 000 GEN CR HRS (PHCT)					MARCH '91			
ELC 000 GEN CR HRS (HIST)					BUS 231 CREDIT MGMT			
	FEBRUARY '90				TERM CR CPT: 4			
BUS 201 SALESMANSHIP	WORK/LIFE EVALUA				GPA: [REDACTED]			
BUS 240 PUBLIC RELATIONS					MAY '91			
ENG 220 BUSINESS WRITING					BUS 209 PRIN RETAILING			
BUS 351 MANAGEMENT SYSTE					TERM CR CPT: 4			
ENG 301 COMMUN & ORGANIZ					GPA: [REDACTED]			
PHL 410 CRITICAL PHIL PR					JULY '91			
PSY 301 APPLIED PSYCHOLO					NSC 401 ENVIRONMENTAL SC			
SOC 404 GROUP DYNAMICS S					TERM CR CPT: 4			
					GPA: [REDACTED]			

REMARKS:

★ THE ORIGI







STUDENT NAME  
JOHNNIE M. JONES

THIS IS NOT AN OFFICIAL TRANSCRIPT WITHOUT REGISTRAR'S SIGNATURE AND COLLEGE SEAL.

STUDENT ID	SOC. SEC.	SEX	DATE OF BIRTH	PAGE
(b) (6)	(b) (6)			2

DEGREE(S) AWARDED  
ASSOCIATE OF ARTS  
BACHELOR OF BUS ADM

DATE  
91/12  
93/12

BUSINESS MANAGEMENT  
MANAGEMENT

HONORS  
MAGNA CUM LAUDE

COURSE	GRADE	CREDITS	POINTS
OCTOBER '91 PHL 301 PHIL AND ETHICS TERM CR CPT: 4 GPA: (b) (6)			
FALL '91 BUS 311 PRIN MGMT I TERM CR CPT: 4 GPA: (b) (6)			
WINTER '91 BUS 312 PRIN MGMT II TERM CR CPT: 4 GPA: (b) (6)			
DECEMBER '91 GRADUATED JOHNNIE M. JONES DEGREE EARNED 91/12 BBA ASSOCIATE OF ARTS			
TERM 4 '92 BUS 479 SEMINAR I TERM CR CPT: 4 GPA: (b) (6)			
TERM 5 '92 BUS 480 SEMINAR II TERM CR CPT: 4 GPA: (b) (6)			
TERM 1 '93 ECON 401 PUB POLICY/BUS P TERM CR CPT: 4 GPA: (b) (6)			
TERM 2 '93 ECON 311 ECON HISTORY TERM CR CPT: 4 GPA: (b) (6)			

COURSE	GRADE	CREDITS	POINTS
TERM 3 '93 BUS 401 INTERN TRADE POL TERM CR CPT: 4 GPA: (b) (6)			
TERM 5 '93 FIN 301 FINANCIAL MANAGE TERM CR CPT: 4 GPA: (b) (6)			
DECEMBER '93 GRADUATED JOHNNIE M. JONES DEGREE EARNED 93/12 BBA BACHELOR OF BUS ADM MC MAGNA CUM LAUDE			
* E N D O F T R A N S C R I P T			
SUMMARY:			
TOTAL NU CREDITS EARNED			
TOTAL NU CREDITS ATTEMPTED			
OTHER CREDITS			
TOTAL CREDITS			
TOTAL GRADE POINTS			
CUMULATIVE GPA			
* E N D O F S U M M A R Y			

ISSUED TO STUDENT

REMARKS:

\* THE ORIG



U.S. Civil Service Commission	FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM	2810-112
NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT		

## Part A.—IDENTIFYING DATA

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) <b>JONES, Johnnie M. Jr.</b>	2. DATE OF BIRTH (b) (6)	3. CARRIER CONTROL NO. <b>21791604</b>
4. ADDRESS (INCLUDING ZIP CODE) (b) (6)	5. PAYROLL OFFICE NO. <b>36 00 5060</b>	6. ENROLLMENT CODE NO. <b>205</b>
	7. SOCIAL SECURITY ACCOUNT NUMBER (b) (6)	8. DATE THIS ACTION BECOMES EFFECTIVE <b>7-15-78</b>

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

## Part B.—TERMINATION

<input type="checkbox"/> YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 8, ABOVE.
---

## Part C.—CHANGE IN PLAN

<input type="checkbox"/> YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.
---

## Part D.—TRANSFER OUT

<input type="checkbox"/> YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):  
--

## Part E.—TRANSFER IN

<input type="checkbox"/> YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART J BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT.
--

## Part F.—REINSTATEMENT

<input type="checkbox"/> YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 8, ABOVE.
---

## Part G.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO: <input type="checkbox"/>		
NAME	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE		


## Part H.—CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

<input type="checkbox"/> YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD.
YOUR NEW ENROLLMENT CODE NUMBER <input type="text"/>
(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

## Part I.—REMARKS

----------

## Part J.—DATE OF NOTICE

NAME OF AGENCY AND ADDRESS, INCLUDING ZIP CODE <b>VA Hospital Asheville, N.C. 28805</b>	
SIGNATURE OF AUTHORIZED REPRESENTATIVE <b>JAC</b>	
DATE	

## INSTRUCTIONS FOR EMPLOYING OFFICES

### PURPOSE OF FORM

This form covers health benefits actions except enrollments, changes of coverage within a plan, and cancellations which are processed on Health Benefits Registration Form (SF 2809). When an action requires a change in health benefits enrollment, prepare SF 2810 as soon as the effective date is known and give the appropriate copies to the enrollee and payroll office immediately. Preparation and distribution of copies should not be delayed pending SF 50 action in the case of transfers to another payroll office.

### PROMPT ACTION REQUIRED FOR CONVERSION

To be eligible to convert to a nongroup contract, enrollee must furnish his or her copy of this notice to his or her Plan not later than 31 days after the date shown in Part A, item 8, or 15 days after the date shown in Part J, whichever gives more time. Therefore, make this form available to the enrollee as soon as possible.

### COMPLETION OF FORM

#### PART A--IDENTIFYING DATA

1. For items 1, 2, 3, and 6, transcribe from the last SF 2809 or SF 2810, whichever is the most recent.
2. Item 4, use most recent known address.
3. Item 5, use payroll office number of office authorized to process withholdings.
4. Item 8, date as follows for action reported in:
  - B. TERMINATION--last day of pay period in which separation (or other action terminating enrollment) occurs except, when coverage terminates because of completion of 365 days in nonpay status, use date of 365th day; and, when coverage terminates because of military duty not limited to 30 days or less, use date employee is separated, furloughed, or placed on leave of absence for military duty.
  - C. CHANGE IN PLAN--last day of pay period preceding effective date of election to change plans.
  - D. TRANSFER OUT--Actual date.
  - E. TRANSFER IN--Actual date.
  - F. REINSTATEMENT--Actual date.
  - G. CHANGE IN NAME OF ENROLLEE--Actual date.
  - H. CHANGE IN ENROLLMENT--SURVIVOR ANNUITANT--Effective date of sole survivor's annuity.

#### PART B--TERMINATION

These most frequently occurring actions terminate enrollment with enrollee eligible to convert to individual contract:

- Separated
- Furloughed by reason of reduction in force
- Retired--not eligible to continue enrollment
- Died--no survivor eligible to continue enrollment
- Termination of title to annuity or compensation
- Changed to excluded position or category
- 365 days nonpay status completed
- Entered military duty not limited to 30 days or less
- Employee organization gives notice to terminate employee's enrollment in organization's plan.

#### PART D--TRANSFER OUT

- Losing office use this box to report transfer actions, such as:
- Transferred to another agency or payroll office number (do not use SF 2810 for transfer between employing offices serviced by the same payroll office number)
  - Retired--Transfer to a retirement system--employee appears eligible to continue enrollment as an annuitant
  - Death--Transfer to retirement system--survivor appears eligible to continue enrollment as a survivor annuitant.
  - Transferred to Office of Workers' Compensation Programs.

#### PART E--TRANSFER IN

- Gaining office use this box to report transfer actions, such as:
- Acceptance of transfer from another agency or payroll office number
  - Retired--Acceptance of transfer by retirement system because employee is eligible to continue enrollment as an annuitant
  - Death--Acceptance of transfer by retirement system because survivor is eligible to continue enrollment as a survivor annuitant
  - Transfer accepted by Office of Workers' Compensation Programs.
- NOTE: Retirement systems (including OWCP) accepting transfer in, show also in "Remarks" whether enrollment is for an "EMPLOYEE ANNUITANT" or "SURVIVOR ANNUITANT."

#### PART F--REINSTATEMENT

- State in "Remarks" reason for any action not applicable to active military duty such as "Reinstatement of erroneous separation."

#### PART G--CHANGE IN NAME OF ENROLLEE

- Use this box only for reporting changes in name where change of coverage within a plan by SF 2809 is not involved. Show date of birth only where enrollment is changed from employee's or annuitant's name to name of survivor annuitant.

#### PART H--CHANGE IN ENROLLMENT--SURVIVOR ANNUITANT

- Only agencies administering retirement systems will make this determination on the basis of documentary evidence that there is only one survivor annuitant.

#### PART I--REMARKS

- Use this box to bring to the attention of the employee, annuitant, or insurance carrier any pertinent information to clarify or support the action being taken.

#### PART J--DATE OF NOTICE

- Facsimile signature is acceptable. Date as of day of issuance.

### DISPOSITION

ORIGINAL--Deliver (or mail) to employee, annuitant, or survivor at earliest possible date. In case a termination SF 2810 must be issued more than 75 days after the effective date of termination, destroy the original copy.

DUPLICATE and TRIPLICATE--Send to appropriate payroll office.

QUADRUPLICATE--File in Official Personnel Folder (or its equivalent) except in cases of death or retirement reported as "Transfer Out" to a retirement system (including Office of Workers' Compensation Programs). In latter cases, send the triplicate copy of each Health Benefits Registration Form (SF 2809) accepted from the employee including any Medical Certificates attached thereto and this quadruplicate SF 2810 to appropriate payroll office for transmission to agency or office administering retirement or compensation system.



## REQUEST FOR PERSONNEL ACTION

1. REQUEST

2. DATE OF REQUEST

5-30-78

3. STATION NO. (1-4)				4. SOCIAL SECURITY NO. (5-13)				5. NAME CODE (14-16)		6. DAY NO. (17-19)		7. EFFECTIVE DATE (Mo., day, year)				8. TRANS. TYPE (20-21)		8A. CEI (22)																																															
5		0		6		0		(b) (6)								14		17																																															
9. TRANS. TYPE (20-21)		10. NATURE OF ACTION (22-24)		11. S.C. (25)		12. NATURE OF ACTION				13. CIVIL SERVICE OR OTHER LEGAL AUTHORITY																																																							
A1		C1																																																															
14. EMPLOYEE NAME (Last, first, middle) (26-47)														MR. - MISS - MRS.		15. S.C. (48)		16. TITLE (49)		17. DATE OF BIRTH (Mo., day, year) (50-55)																																													
JONES, Johnnie M., Jr.														Mr.																																																			
18. SERVICE COMPUTATION DATE (Mo., day, year) (56-61)				19. VET. PREF. (62)		20. HANDI-CAP (63-64)		21. CITIZENSHIP (65)		22. EDUCATION (66)		23. WITH-IN GRADE ELIG. (67)		24. PERF. PROFIC. RATING (68)		25. DUTY STA. (69)		26. FEGLI (70)		27. COMP. LEVEL (71-73)		28. PREM. PAY % (74-75)		29. DIP-LO-MATE (76-77)		29A. S.A. 2581 (78)		29B. SP. PROG. IDENT. (79)		29C. RE-SVD. (80)																																			
KIND OF ACTION REQUESTED																																																																	
30. PERSONNEL (Appointment, reassignment, resignation, etc.)										31. POSITION (Specify establish, review, abolish, etc.)										32. PROPOSED EFFECTIVE DATE				33. SENSITIVE POSITION																																									
Resignation																				COB 7-7-78																																													
34. FROM-POSITION TITLE AND NO.										35. PAY PLAN		36. OCCUP. CODE		37. GR. & STEP OR RATE				38. SALARY																																															
Clerk-Typist, 637/1114A										GS		322		4/2				\$9,199																																															
39. NAME AND LOCATION OF EMPLOYING OFFICE																																																																	
Medical Administration Service																																																																	
40. TO-POSITION TITLE AND NO.										41. PAY PLAN		42. OCCUP. CODE		43. GR. & STEP OR RATE				44. SALARY																																															
45. NAME AND LOCATION OF EMPLOYING OFFICE																		46. DUTY STATION																																															
47. TRANS. TYPE (20-21)		48. NATURE OF ACTION (22-24)		49. S.C. (25)		49A. INT. (RES.) (26)		50. POSITION NO. (26-31)				50A. FLSA (32)		50B. FUNC. CODE (33)		51. PAY PLAN (34)		52. OCCUPATION SERIES AND TITLE (35-40)				53. ASSIG. CODE (41-42)		54. GRADE (43-44)		55. STEP (45)		56. SALARY (46-50)																																					
A2		C2																																																															
57. SALARY DATE (Mo., day, year) (51-56)				58. PAY BAS. (57)		59. DUTY BAS. (58)		60. NORMAL HRS. (59-60)		61. ORGANIZATION - COST CTR. (61-68)				62. SUP. LVL. (69)		63. TYPE APT. (70)		64. RET. FICA (71)		65. C.S. AUTH. (72-73)		66. VA FORM 5-4650 PREP. (74)		67. VA FORM 5-4650 REMARKS (75-80)																																									
										8412.2580												A																																											
																						1 2 3 4 5																																											
68. TRANS. TYPE (20-21)		69. LV. GR. (22)		70. HEALTH INSURANCE (23-25)		71. FED. TAX EXEMP. (26-27)		72. VA STA. TR. FROM DATE APPT. AFFID. (28-31)				73. FOLLOWUP ACTIONS																																																					
A3		C3										<table border="1"> <thead> <tr> <th>NO.</th> <th>CODE</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>TRANS. TYPE (20-21)</th> <th>NO.</th> <th>CODE</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>A (32-39)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>D (32-39)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>B (40-47)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>E (40-47)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>C (48-55)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>F (48-55)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										NO.	CODE	MO.	DAY	YEAR	TRANS. TYPE (20-21)	NO.	CODE	MO.	DAY	YEAR	A (32-39)						D (32-39)					B (40-47)						E (40-47)					C (48-55)						F (48-55)				
NO.	CODE	MO.	DAY	YEAR	TRANS. TYPE (20-21)	NO.	CODE	MO.	DAY	YEAR																																																							
A (32-39)						D (32-39)																																																											
B (40-47)						E (40-47)																																																											
C (48-55)						F (48-55)																																																											
74. STATION MAINTAINING PERS. FOLDER (56-59)				75. LIMITATION CODE (60)		76. SALARY LIMITATION (lfrs. or dollars) (61-65)				C3																																																							
77. REEMPLOYED ANNUITY MONTHLY ANNUITY (66-69)				77A. RE-SERVED (70-71)		78. SPECIAL SALARY ADJUSTMENT (72-75)		79. CENTRAL POS. (77)		80. APP. POS.		81. TRANS. TYPE (20-21)		DATA FOR RETIRED MILITARY				EDUCATIONAL DATA																																															
										STATE (78-79)		CODE (80)		82. SVC. DES. (22)				83. RETIREMENT DATE (Mo., day, year) (23-28)				84. SVC. COMR (29)		85. PAY GRADE (30-31)		86. YEAR OF DEGREE (32-33)		86A. MAJOR FIELD (34-37)																																					
												A4 C4																																																					
87. REMARKS BY REQUESTING OFFICE										91. PERSONNEL OFFICE CLEARANCES																																																							
										<table border="1"> <thead> <tr> <th>POSITION AUTHORIZED</th> <th>INITIALS</th> <th>DATE</th> <th>POS. CLASS. ACTION</th> </tr> </thead> <tbody> <tr> <td>CLASSIFICATION</td> <td></td> <td></td> <td><input type="checkbox"/> 1A</td> </tr> <tr> <td>PLACEMENT</td> <td></td> <td></td> <td><input type="checkbox"/> NEW</td> </tr> <tr> <td>QUALIFICATION STDS.</td> <td></td> <td></td> <td><input type="checkbox"/> VICE</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> REGRADED</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> FLSA NONEXEMPT</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> FLSA EXEMPT</td> </tr> </tbody> </table>										POSITION AUTHORIZED	INITIALS	DATE	POS. CLASS. ACTION	CLASSIFICATION			<input type="checkbox"/> 1A	PLACEMENT			<input type="checkbox"/> NEW	QUALIFICATION STDS.			<input type="checkbox"/> VICE				<input type="checkbox"/> REGRADED				<input type="checkbox"/> FLSA NONEXEMPT				<input type="checkbox"/> FLSA EXEMPT																		
POSITION AUTHORIZED	INITIALS	DATE	POS. CLASS. ACTION																																																														
CLASSIFICATION			<input type="checkbox"/> 1A																																																														
PLACEMENT			<input type="checkbox"/> NEW																																																														
QUALIFICATION STDS.			<input type="checkbox"/> VICE																																																														
			<input type="checkbox"/> REGRADED																																																														
			<input type="checkbox"/> FLSA NONEXEMPT																																																														
			<input type="checkbox"/> FLSA EXEMPT																																																														
88. REQUESTED BY (Signature and title)										92. AUTHORIZING SIGNATURE AND TITLE																																																							
										DATE																																																							
89. APPROVED BY (Signature and title)																																																																	
HENRY E. MYERS, Chief, Medical Admin. Service										Jack R. Allison																																																							
90. PERSON TO CONTACT FOR ADDITIONAL INFORMATION (Name, location and telephone number)																																																																	
D. Gruetter - 241																																																																	

VA FORM 5-4652-3

EXISTING STOCKS OF VA FORM 5-4652-3, JAN 1975, WILL BE USED.

PERSONNEL FOLDER 1

Exception to SF 52  
Approved by Bureau of t

This is an 'official' document generated from the eOPF system.





# 114. TO BE COMPLETED BY EMPLOYEE

RESIGNATION (IMPORTANT - NOTE TO EMPLOYEE: Give specific reasons for your resignation. Avoid generalized reasons, such as "ill health," "personal reason.")

I RESIGN FOR THE FOLLOWING REASONS:

May 30, 1978

(Date resignation is written)

(b) (6)

THE EFFECTIVE DATE OF MY RESIGNATION WILL BE COB 7-7-78

*[Signature]*  
(Signature)

## 115. SEPARATION DATA

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS:

10 NAVAL RESERVE CENTER  
P.O. BOX 8010

(City)

ASHEVILLE

(State)

NC

(ZIP Code)

28804

## 87. (CONTINUED)

REMARKS BY REQUESTING OFFICE

## 116. REMARKS-NOTIFICATION OF PERSONNEL ACTION

- ☐ SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING \_\_\_\_\_
- ☐ SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: \_\_\_\_\_
- ☐ SUCCESSOR POSITION - EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE
- ☐ ENTRANCE PERFORMANCE RATING SATISFACTORY

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK, IF APPLICABLE: ☐ DURING PROBATION ☐ FROM APPOINTMENT OF 6 MONTHS OR LESS



**EMPLOYEE SERVICE STATEMENT**  
(See information on reverse)

1. NAME (CAPS) LAST-FIRST-MIDDLE <b>JONES, Johnnie M., Jr.</b>	MR.-MISS-MRS. 	2. BIRTH DATE (Mo., Day, Yr.) <b>(b) (6)</b>	3. SOCIAL SECURITY NO. 	4. STATEMENT NO. <b>1</b>
---	-------------------	--	----------------------------	------------------------------



5. SERVICE SUMMARY	FROM			TO			SERVICE			CIVIL SERVICE RETIREMENT DEDUCTIONS YES NO	IF "NO" NAME OTHER RETIREMENT SYSTEM
	MO.	DAY	YR.	MO.	DAY	YR.	YRS.	MOS.	DAYS		
A. PREVIOUS CIVILIAN SERVICE	<b>2</b>	<b>17</b>	<b>76</b>	<b>8</b>	<b>28</b>	<b>76</b>					
B. SERVICE PERFORMED IN THIS AGENCY	<b>8</b>	<b>29</b>	<b>76</b>	<b>7</b>	<b>7</b>	<b>78</b>	<b>2</b>	<b>4</b>	<b>21</b>	<b>xx</b>	
C. MILITARY SERVICE			<b>Per DD214</b>				<b>5</b>	<b>5</b>	<b>2</b>		
D. ACCUMULATE ALL SERVICE AND ENTER TOTAL SERVICE HERE ➡							<b>7</b>	<b>9</b>	<b>23</b>		

6. COMPLETE THIS ITEM ONLY FOR EMPLOYEES SEPARATING FROM POSITIONS SUBJECT TO THE CIVIL SERVICE RETIREMENT SYSTEM — YOUR RETIREMENT BENEFIT, BASED ON THE ABOVE SEPARATION, IS INDICATED BELOW:

- ☐ NONE — TRANSFER TO ANOTHER POSITION SUBJECT TO CSC RETIREMENT
- ☐ DEFERRED ANNUITY AT AGE 62 OR LUMP SUM REFUND

- ☒ LUMP SUM REFUND ONLY  
**SF 2802 completed**
- ☐ IMMEDIATE ANNUITY

7. REMARKS CONCERNING SERVICE ENTRIES ABOVE:

8. SIGNATURE OF EMPLOYEE 	DATE <b>7/7/78</b>	11. AGENCY NAME, INCLUDING BUREAU AND DIVISION, AND ADDRESS <b>VA Hospital Asheville, N.C. 28805</b>
9. SIGNATURE OF AGENCY OFFICIAL  <b>JACK R. ALLISON</b>	DATE <b>7/21/78</b>	
10. TITLE OF AGENCY OFFICIAL <b>Chief, Personnel Service</b>		





## INSTRUCTIONS FOR EMPLOYING OFFICES

Complete this form upon separation (and conversion to or from an appointment under the Civil Service Retirement System) to provide a cumulative record of creditable service for Civil Service retirement.

**Items 1-3** Must agree with SF-50.

**Item 4** Number statements in consecutive order.

**Item 5** Use FPM Supp. 831-1, Retirement, S-3, Creditable Service, to determine the length and creditability of periods of service. All entries are to reflect verified service documented in the employee's Official Personnel Folder (OPF). If the previous civilian service or military service sections do not apply to the employee, enter "none"; do not leave blank.

**Item 6** Complete only for separations and conversions from positions subject to Civil Service retirement deductions, checking the appropriate box as follows: (*Only one box is to be checked*).

**None** - Check if the employee transfers to another position subject to the Civil Service Retirement System.

**Refund Only** - Check if the employee fails to meet either of the two general requirements for retirement upon separation: (A) 5 years total civilian service and (B) at least one year of service subject to the Civil Service Retirement System in the two year period preceding the separation ("*one of two*" rule)

**Deferred Annuity or Refund** - Check if the employee, at separation, meets both of the general requirements for retirement but does not meet any of the sets of conditions for immediate annuity opposite.

**Immediate Annuity** - Check if, at separation, the employee meets both of the general requirements and any of the sets of conditions for immediate annuity shown opposite.

Minimum Age	Minimum Service (Years)	Special Requirements
62	5	None
60	20	None
55	30	None
Any age	25	Separation must be involuntary without cause or during a major reduction in force as determined by the Civil Service Commission.
50	20	
Any age	5	Total disability; "one of two" rule, above, does not apply.

**Item 7** Explain any difference between the amount of creditable service entered for a period of service and the calendar time represented by the "From" and "To" dates entered for the same period, i.e. Excess LWOP, Intermittent Service, or "Time Lost" during military service. Also use this section to clarify any other entries on the form. For example, if the employee had two periods of military service enter "See Remarks" and the amount of total military service in Section 5C and enter the dates of military service under Remarks.

**Item 8** The employee is to review and sign the forms during the exit interview or at some other convenient time prior to actual separation. If the employee's signature is not obtained before actual separation, the employee and OPF copies of the form are to be forwarded to the employee for signature. The control copy is to be filed on the right-hand side of the employee's OPF. The material sent to the employee is to include a letter of transmittal which instructs the employee to sign and return the OPF copy and a franked envelope with the agency's return address. If the employee fails to return the OPF copy, the control copy will be retained in the personnel folder. If the OPF copy is returned or if the employee's signature is obtained before separation, the control copy may be discarded.

**Items 9-11** The completed forms are to be signed by an authorized agency personnel official, including title, agency name, bureau, division, and mailing address.

**NOTE:** A current copy of this form is to be filed on the right-hand side of the employee's Official Personnel Folder whenever the folder is transferred between agencies or from an agency to the Federal Records Center, regardless of nature of agency, type of appointment, or reason for separation.





# NOTIFICATION OF PERSONNEL ACTION

(EMPLOYEE - See General Information on Reverse)

1. NAME, LAST - FIRST - MIDDLE <b>JONES, JOHNNIE M JR</b>		MR. - MISS - MRS. - MS. <b>MR.</b>	2. STATION NO. <b>5060</b>	3. BIRTH DATE <b>(b) (6)</b>	4. SOCIAL SECURITY NO. <b>(b) (6)</b>
5. VETERAN PREFERENCE (b) (6)		6. TENURE GROUP <b>2</b>		7. SERVICE COMP. DATE <b>(b) (6)</b>	
1. NO 2. 5-PT.		3. 10-PT. DISAB. 4. 10-PT. COMP.		5. 10-PT. OTHER	
COVERED—(Regular only-declined Optional) INELIGIBLE		3. WAIVED		4. COVERED—(Reg. and Opt.)	
10. RETIREMENT <b>1</b>		1. CS 2. FICA		3. FS 4. NONE 5. OTHER	
12. CODE <b>313</b>		S.C. NATURE OF ACTION <b>RESIGNATION—</b>		11. (For CSC use) <b>(b) (6)</b>	
				NTE DATE <b>07-07-78</b>	
14. CODE <b>313</b>		CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>(b) (6)</b>			
15. FROM - POSITION TITLE AND NO. <b>CLERK-TYPIST 01114A</b>		16. PAY PL OCCUP. CODE <b>GS 0322</b>	17. GRADE OR LEVEL <b>04</b>	STEP/ RATE <b>2</b>	18. SALARY <b>PA 4 9,199</b>
19. NAME AND LOCATION OF EMPLOYING OFFICE <b>VAH ADMIN SVCS MEDICAL ADMINISTRATION SERVICE ASHEVILLE NC</b>					
20. TO - POSITION TITLE AND NO.		21. PAY PL OCCUP. CODE	22. GRADE OR LEVEL	STEP/ RATE	23. SALARY
24. NAME AND LOCATION OF EMPLOYING OFFICE					
25. DUTY STATION (City—State) <b>ASHEVILLE NC</b>				26. LOCATION CODE <b>37-0170-021</b>	
27. APPROPRIATION <b>8412.2580</b>		28. POSITION OCCUPIED <b>1</b>		29. APPORTIONED POSITION FROM TO STATE <b>1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE</b>	
30. REMARKS <b>REEMPLOYMENT RIGHTS IN VETERANS ADMINISTRATION UNDER * FPM CHAPTER 353, SUBCHAPTER 2-3A. SF 2615, EMPLOYEE SVC STATEMENT, COMPLETED AND COPY PROVIDED TO EMPLOYEE*7/21/78 <b>(b) (6)</b></b>					
31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)			34. SIGNATURE (Or other authentication) AND TITLE <b>Jack R. Allison PERSONNEL OFFICER</b>		
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)			35. DATE <b>07-07-78</b>		
33. CODE EMPLOYING DEPARTMENT OR AGENCY					





STANDARD FORM 56 JANUARY 1970 U.S. CIVIL SERVICE COMMISSION FPM SUPPLEMENT 870-1 56-109		<b>AGENCY CERTIFICATION OF INSURANCE STATUS</b> <b>Federal Employees Group Life Insurance Program</b>	
1. NAME (Last) (First) (Middle) <div style="text-align: center; font-weight: bold;">JONES, Johnnie M., Jr.</div>		2(a). DATE OF BIRTH (Month, Day, Year) <div style="background-color: black; width: 100px; height: 20px;"></div>	2(b). SOCIAL SECURITY ACCOUNT NUMBER <div style="background-color: black; width: 100px; height: 20px;"></div>
3. CHECK THE REASON FOR TERMINATING INSURANCE <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>(a) <input type="checkbox"/> Separated (includes resignations)</p> <p>(b) <input type="checkbox"/> Retired <span style="font-size: 2em;">→</span></p> <p>(c) <input checked="" type="checkbox"/> Died as an employee</p> <p>(d) <input type="checkbox"/> Died as a reemployed annuitant</p> <p>(e) <input type="checkbox"/> End of 12 months non-pay status</p> <p>(f) <input type="checkbox"/> Other (specify)</p> </div> <div style="width: 55%;"> <p><b>NOTE:</b> If the reason checked is "b, Retired" your group life insurance (but not accidental death and dismemberment benefits) will continue during retirement if you meet the conditions described in "Notice to Retiring Employee" below.</p> </div> </div>			
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input type="checkbox"/> (a) CURRENT SF 54 ATTACHED         </div> <div style="text-align: center;"> <input type="checkbox"/> (b) A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY         </div> <div style="text-align: center;"> <input type="checkbox"/> (c) A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)         </div> </div> <p><b>NOTE:</b> IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.</p>			
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) <div style="text-align: center; font-weight: bold;">7-7-78</div>	6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE. <div style="text-align: center; font-weight: bold;">\$ 9,100 PER ANNUM</div>	7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-T):	8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR) <div style="text-align: center; font-weight: bold;">7-14-78</div>
9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.			
Personal signature of authorized agency official: <div style="font-family: cursive; font-size: 1.2em;">Jack R. Allison</div>		Name and address of agency, including zip code: <div style="text-align: center; font-weight: bold;">Veterans Administration Hospital Asheville, N.C. 28805</div>	
Typed name of authorized agency official: <div style="text-align: center; font-weight: bold;">JACK R. ALLISON</div>		Phone number, including area code: <div style="text-align: center; font-weight: bold;">704 298-7911 X322</div>	Date: <div style="text-align: center; font-weight: bold;">7-6-78</div>
Title: <div style="text-align: center; font-weight: bold;">Chief, Personnel Service</div>			

SEE OTHER SIDE  
FOR  
INSTRUCTIONS TO EMPLOYING AGENCY



# INSTRUCTIONS TO EMPLOYING AGENCY

## COMPLETION OF CERTIFICATION

1. This Certification must be completed in triplicate whenever an employee's insurance terminates for:
  - a. Death.
  - b. Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or on account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete SF 56 until a finding of disability has been officially made and the employee's separation is in order.
  - c. Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees' Compensation law, and held unable to return to duty.
  - d. Any other reason, if the employee desires to convert his life insurance, except under the following circumstances:
    - (1) Employee waived or declined on SF 176 (or SF 176-T);
    - (2) If it is known that, within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees Group Life Insurance;
    - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
2. If insurance terminated on account of death, indicate in item 3(a) whether the employee had filed an Application for Retirement (SF 2801) with the Civil Service Commission.
3. In item 8, give date of Notice of Conversion Privilege (SF 55), except that if this form (SF 56) is issued in lieu of SF 55, give current date. In case of death, leave this item blank.
4. It is important whenever a duplicate SF 56 is issued to replace one which has been lost, that it be clearly marked "DUPLICATE".

## DISPOSITION OF CERTIFICATION

1. Death of employee—
  - a. Send duplicate of SF 56 immediately to the Office of Federal Employees' Group Life Insurance.
  - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.
  - c. If no claim is received, send original SF 56, upon request, to the Office of Federal Employees' Group Life Insurance.
  - d. If the deceased employee has a current Designation of Beneficiary (SF 54) on file, the SF 54 must be attached to the original SF 56 when it is sent to the Office of Federal Employees' Group Life Insurance.
2. Retirement of employee—
  - a. If the employee is applying for an immediate annuity with 12 or more years' creditable service (of which at least 5 years are civilian service) or for disability, attach the original SF 56 and current Designation of Beneficiary (SF 54), if any, to the Application for Retirement and give duplicate of SF 56 to the employee. [NOTE: In a disability retirement case where the retirement application has already been sent to the Civil Service Commission, attach the original SF 56 (and SF 54, if any) to the "FINAL" Individual Retirement Record (SF 2806).]
  - b. If the employee wants to continue only his regular insurance, have him complete a SF 176 declining his optional insurance. If he wants to convert only his optional insurance, prepare a statement (see below), in duplicate, for him to sign, attach both copies of the statement to the original SF 56, and submit with application for retirement as instructed in 2a above.  
Illustrative Statement:  
"I want to continue my regular insurance after retirement but would like additional information on converting my optional insurance."

(Employee's signature)

(Address—print or type)

(Date)

- c. If the employee prefers to convert both his regular and optional insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
3. If employee is receiving compensation benefits—
  - a. Before completing item 7 contact the local Bureau of Employees' Compensation Office, if necessary, to confirm whether the employee still has optional insurance.
  - b. Have the employee complete appropriate box on reverse side of the original SF 56. Send original SF 56 and current Designation of Beneficiary (SF 54), if any, to the U. S. CIVIL SERVICE COMMISSION, BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH, WASHINGTON, D. C., 20415, and give duplicate copy of SF 56 to the employee.
  - c. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
4. All other cases—  
Upon request, give the employee the original and duplicate copy of the SF 56 or mail them to him.
5. In all cases—  
Retain file copy of the SF 56 in the employee's Official Personnel Folder or its equivalent.

PROMPT CERTIFICATION REQUIRED





# NOTIFICATION OF PERSONNEL ACTION

(EMPLOYEE - See General Information on Reverse)

1. NAME, LAST - FIRST - MIDDLE <b>JONES, JOHNNIE M JR</b>		MR. - MISS - MRS. - MS. <b>MR.</b>	2. STATION NO. <b>5060</b>	3. BIRTH DATE <b>(b) (6)</b>	4. SOCIAL SECURITY NO. <b>(b) (6)</b>
5. VETERAN PREFERENCE (b) 1. NO (6) 2. 5-PT. 3. 10-PT. DISAB. 4. 10-PT. COMP. 5. 10-PT. OTHER			6. TENURE GROUP <b>2</b>	7. SERVICE COMP. DATE <b>(b) (6)</b>	
1. COVERED—(Regular only-declined Optional) 2. INELIGIBLE 3. WAIVED 4. COVERED—(Reg. and Opt.)			10. RETIREMENT 1. CS 2. FICA 3. FS 4. NONE 5. OTHER		11. (For CSC use)
12. CODE	S.C. NATURE OF ACTION				NTE DATE
<b>511</b>	<b>R CONV TO CAREER-COND APPT</b>				<b>02-17-78</b>
14. CODE CIVIL SERVICE OR OTHER LEGAL AUTHORITY					
<b>06 REG 315.703B</b>					
15. FROM - POSITION TITLE AND NO.  <b>CLERK-TYPIST</b>  <b>01114A</b>			16. PAY PL. OCCUP. CODE <b>GS</b> <b>0322</b>	17. GRADE OR LEVEL <b>04</b>	STEP/ RATE <b>2</b>
			18. SALARY <b>PA \$ 9,199</b>		
19. NAME AND LOCATION OF EMPLOYING OFFICE <b>VAH ADMIN SVCS MEDICAL ADMINISTRATION SERVICE ASHEVILLE NC</b>					
20. TO - POSITION TITLE AND NO.  <b>CLERK-TYPIST</b>  <b>01114A</b>			21. PAY PL. OCCUP. CODE <b>GS</b> <b>0322</b>	22. GRADE OR LEVEL <b>04</b>	STEP/ RATE <b>2</b>
			23. SALARY <b>PA \$ 9,199</b>		
24. NAME AND LOCATION OF EMPLOYING OFFICE <b>VAH ADMIN SVCS MEDICAL ADMINISTRATION SERVICE ASHEVILLE NC</b>					
25. DUTY STATION (City—State) <b>ASHEVILLE NC</b>					26. LOCATION CODE <b>37-0170-021</b>
27. APPROPRIATION  <b>8412.2580</b>			28. POSITION OCCUPIED 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE <b>1</b>		29. APPORTIONED POSITION FROM TO STATE 1. PROVED-1 2. WAIVED-2
30. REMARKS <b>EMPLOYEE MEETS ALL REQUIREMENTS FOR CONVERSION UNDER THE CITED AUTHORITY.</b> <b>SERVICE COUNTING TOWARD CAREER/OR PERMANENT/ TENURE FROM</b> <b>PROBATIONARY/TRIAL/PERIOD COMPLETED</b> <b>YOUR POSITION IS SUBJECT TO THE PROVISIONS OF THE FAIR LABOR</b> <b>STANDARDS ACT.</b> <div style="text-align: right;"><b>(b) (6)</b></div>					
31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)			34. SIGNATURE (Or other authentication) AND TITLE  <b>PERSONNEL OFFICER</b>		
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)			35. DATE <b>02-17-78</b>		
33. CODE EMPLOYING DEPARTMENT OR AGENCY					





# NOTIFICATION OF PERSONNEL ACTION

(EMPLOYEE - See General Information on Reverse)

1. NAME, LAST • FIRST • MIDDLE <b>JONES, JOHNNIE M JR</b>		MR. • MISS • MRS. • MS. <b>MR.</b>		2. STATION NO. <b>5060</b>	3. BIRTH DATE <b>(b) (6)</b>	4. SOCIAL SECURITY NO. <b>(b) (6)</b>	
5. VETERAN PREFERENCE 1. NO 2. 5-PT. 3. 10-PT. DISAB. 4. 10-PT. COMP. 5. 10-PT. OTHER				6. TENURE GROUP <b>2</b>	7. SERVICE COMP. DATE <b>(b) (6)</b>		8. HANDICAP CODE
9. RETIREMENT 1. COVERED—(Regular only-declined Optional) 2. INELIGIBLE 3. WAIVED 4. COVERED—(Reg. and Opt.)				10. RETIREMENT 1. CS 2. FICA	3. FS 4. NONE		5. OTHER
12. CODE S.C. NATURE OF ACTION <b>893 WITHIN-GRADE INCREASE</b>					NTE DATE		13. EFF. DATE <b>01-01-78</b>
14. CODE CIVIL SERVICE OR OTHER LEGAL AUTHORITY							
15. FROM • POSITION TITLE AND NO. <b>CLERK 00340A</b>					16. PAY PL. OCCUP. CODE <b>GS 0301</b>	17. GRADE OR LEVEL <b>04</b>	STEP/RATE <b>1</b>
					18. SALARY <b>PA \$ 8,902</b>		
19. NAME AND LOCATION OF EMPLOYING OFFICE <b>VAH ADMIN SVCS MEDICAL ADMINISTRATION SERVICE ASHEVILLE NC</b>							
20. TO • POSITION TITLE AND NO. <b>CLERK 00340A</b>					21. PAY PL. OCCUP. CODE <b>GS 0301</b>	22. GRADE OR LEVEL <b>04</b>	STEP/RATE <b>2</b>
					23. SALARY <b>PA \$ 9,199</b>		
24. NAME AND LOCATION OF EMPLOYING OFFICE <b>VAH ADMIN SVCS MEDICAL ADMINISTRATION SERVICE ASHEVILLE NC</b>							
25. DUTY STATION (City—State) <b>ASHEVILLE NC</b>						26. LOCATION CODE <b>37-0170-021</b>	
27. APPROPRIATION <b>8412.2580</b>				28. POSITION OCCUPIED <b>2</b> 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE		29. APPORTIONED POSITION FROM TO STATE	

30. REMARKS  
**WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.**

**SIGNATURE AND TITLE**

*William S. Myers*

**HENRY E. MYERS**  
Chief, Medical Administration Service

**DATE**

11-3-77

*Chief Ambulatory Care & processing Sect.*

31. DATE OF APPOINTMENT-AFFIDAVIT (Accessions only)	34. SIGNATURE (Or other authentication) AND TITLE  <b>PERSONNEL OFFICER</b>	35. DATE <b>12-30-77</b>
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		
33. CODE EMPLOYING DEPARTMENT OR AGENCY <b>VA OO Veterans Adml</b>		



# NOTIFICATION OF PERSONNEL ACTION

(EMPLOYEE - See General Information on Reverse)

1. NAME, LAST - FIRST - MIDDLE <b>JONES, JOHNNIE M JR</b>		MR. - MISS - MRS. - MS. <b>MR.</b>		2. STATION NO. <b>5060</b>	3. BIRTH DATE <b>(b) (6)</b>	4. SOCIAL SECURITY NO. <b>(b) (6)</b>	
5. VETERAN PREFERENCE 1. NO 2. 5-PT. 3. 10-PT. DISAB. 4. 10-PT. COMP. 5. 10-PT. OTHER		6. TENURE GROUP <b>2</b>		7. SERVICE COMPT. DATE <b>(b) (6)</b>		8. HANDICAP CODE	
9. COVERED—(Regular only-declined Optional) 1. INELIGIBLE 2. WAIVED 3. COVERED—(Reg. and Opt.)		10. RETIREMENT 1. CS 2. FICA 3. FS 4. NONE 5. OTHER		11. (For CSC use)			
12. CODE - S.C. NATURE OF ACTION <b>721 REASSIGNMENT</b>						13. EFF. DATE <b>12-18-77</b>	
14. CODE CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>B6 REG. 307.106</b>							
15. FROM - POSITION TITLE AND NO. <b>CLERK 00340A</b>				16. PAY-PL. OCCUP. CODE <b>GS 0301</b>	17. GRADE OR LEVEL <b>04</b>	STEP/RATE <b>1</b>	18. SALARY <b>PA \$ 8,902</b>
19. NAME AND LOCATION OF EMPLOYING OFFICE <b>VAH ADMIN SVCS MEDICAL ADMINISTRATION SERVICE ASHEVILLE NC</b>							
20. TO - POSITION TITLE AND NO. <b>CLERK-TYPIST 01114A</b>				21. PAY PL. OCCUP. CODE <b>GS 0322</b>	22. GRADE OR LEVEL <b>04</b>	STEP/RATE <b>1</b>	23. SALARY <b>PA \$ 8,902</b>
24. NAME AND LOCATION OF EMPLOYING OFFICE <b>VAH ADMIN SVCS MEDICAL ADMINISTRATION SERVICE ASHEVILLE NC</b>							
25. DUTY STATION (City—State) <b>ASHEVILLE NC</b>						26. LOCATION CODE <b>37-0170-021</b>	
27. APPROPRIATION <b>8412.2580</b>				28. POSITION OCCUPIED 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE <b>2</b>		29. APPORTIONED POSITION FROM TO STATE 1. PROVED-1 2. WAIVED-2	
30. REMARKS <b>YOUR POSITION IS SUBJECT TO THE PROVISIONS OF THE FAIR LABOR STANDARDS ACT.</b>							

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other authentication) AND TITLE  <b>PERSONNEL OFFICER</b>	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)			
33. CODE EMPLOYING DEPARTMENT OR AGENCY <b>VA 00 Veterans Adm.</b>		35. DATE <b>12-16-77</b>	

VA FORM 5-4650  
AUG 1976



# CECILS BUSINESS COLLEGE

## TRANSCRIPT

FOR OPF  
200

NAME JONES JOHNNIE MILTON, Jr.

Last

First

Middle

(b) (6)

Street or R.F.D.#

City

State

Zip Code

ENROLLMENT DATE April 1, 19 76 COURSE Business Administration

Subjects	Grade	Qt. Hrs.	Quarter	Subjects	Grade	Qt. Hrs.	Quarter
Accounting I	(b) (6)	4	Sum 76	Legal Sec. Procedures	(b) (6)	4	
Accounting II	(b) (6)	4	Sp 76	Legal Shorthand	(b) (6)	4	
Accounting III	(b) (6)	4	Sum 77	Logic	(b) (6)	4	
Accounting IV	(b) (6)	4		Machines Transcription	(b) (6)	2	
Accounting V	(b) (6)	4		Management Retailing	(b) (6)	4	
Advanced Mathematics	(b) (6)	4		Mathematics	(b) (6)	4	Sp 76
Advertising	(b) (6)	4	W 77	Medical Procedures	(b) (6)	4	
Algebra	(b) (6)	4		Medical Shorthand	(b) (6)	4	
Auditing	(b) (6)	4		Money and Banking	(b) (6)	4	
Automation Fundamentals	(b) (6)	4	Sp 76	Office Management	(b) (6)	4	
Business Law I	(b) (6)	4		Payroll Accounting	(b) (6)	2	
Business Law II	(b) (6)	4		Personal Finance	(b) (6)	4	
Business Machines	(b) (6)	2	Sp 77	Personel Management	(b) (6)	4	Sum 77
Case Problems in MGT	(b) (6)	4		Philosophy	(b) (6)	4	
College English	(b) (6)	4		Political Science	(b) (6)	4	
College Mathematics	(b) (6)	4		Prin. of Econ I (Micro)	(b) (6)	4	F 77
Communications I	(b) (6)	4	Sp 76	Prin. of Econ. II (Macro)	(b) (6)	4	
Communications II	(b) (6)	4		Prin of Econ. III	(b) (6)	4	
Contemporary Music	(b) (6)	4		Prin. of Management	(b) (6)	4	Sum 76
Credits and Collections	(b) (6)	4		Prin. of Marketing	(b) (6)	4	F 77
Discussion and Conf. Tech.	(b) (6)	4		Psychology, Applied	(b) (6)	4	
Effective Speaking I	(b) (6)	4	W 77	Psychology, General	(b) (6)	4	Sp 76
Effective Speaking II	(b) (6)	4		Reading Development	(b) (6)	2	
English Composition I	(b) (6)	4		Real Estate I	(b) (6)	4	
English Composition II	(b) (6)	4		Real Estate II	(b) (6)	4	
Ethics	(b) (6)	4		Real Estate Law	(b) (6)	4	
Federal Taxation	(b) (6)	4		Sales Promotion	(b) (6)	4	
Federal Taxation Advanced	(b) (6)	4		Salesmanship	(b) (6)	4	Sum 77
Filing and Indexing	(b) (6)	2		Secretarial Science	(b) (6)	4	
Finance	(b) (6)	4		Shorthand I	(b) (6)	4	W 77
Governmental Accounting	(b) (6)	4		Shorthand II	(b) (6)	4	
Human Relations	(b) (6)	4		Shorthand III	(b) (6)	4	
Humanities I	(b) (6)	4		Shorthand IV	(b) (6)	4	
Humanities II	(b) (6)	4		Statistics I	(b) (6)	4	
Insurance Mgt. I	(b) (6)	4		Statistics II	(b) (6)	4	
Insurance Mgt. II	(b) (6)	4		Twentieth Century Lit.	(b) (6)	4	
Intro. to Business	(b) (6)	4	Sp 77	Typewriting I	(b) (6)	4	
Intro. to Literature	(b) (6)	4		Typewriting II	(b) (6)	4	Sum 76
Intro. to Sociology	(b) (6)	4		Typewriting III	(b) (6)	4	
Investments I	(b) (6)	4		Typewriting IV	(b) (6)	4	
Investments II	(b) (6)	4		U.S. History I	(b) (6)	4	F 77
Journalism	(b) (6)	4		U.S. History II	(b) (6)	4	
Key punch	(b) (6)	4		Common Ht.	(b) (6)		Sp 76
				W 77			Sp 77

COMMENTS:

GRADING SYSTEM: 8

FINAL DATE ATTEND

This is an 'official' document generated from the eOPF system.



te

JONES, JOHNNIE M JR			10-08-77						
1. STATION NO. 5060	2. BIRTH DATE (b) (6)	3. VETERAN PREFERENCE 1. NO. 2. B. K. OR S. 5-PT. 3. C. L. OR T. 10-PT. DISAB.	4. U.S. CITIZENSHIP 4. D. M. OR U. 10-PT. COMP. 5. 10-PT. OTHER	5. CITIZEN 2.3. NONCITIZEN	6A. YEAR DEG. 5	6B. COLLEGE MAJOR	7. MGMT. PERS. /CSC EXEC. INVENTORY 4	8. CENT. POS.	9. SUPV. LEVEL 0
10. RETIREMENT 1. CSC 2. FICA 4. NONE	11. F.E.G. LIFE INSURANCE 1. COV.-REG. 2. INELIGIBLE 3. WAIVED 4. COV.-REG. & OPT.	12. FEDERAL EMPLOYEES HEALTH BENEFITS 000. INELIGIBLE 001. DECLINED 002. UNDETERMINED 003. CANCELLED 101. UP ENROLLMENT CODE NO.	13. RET. MILITARY NO	14. REEMP. ANNUITANT NO	15. TITLE 38 DIPLO.	16. ASSIGT.			
17. TYPE OF APPOINTMENT 1. A. OR B. CAREER 2. C. OR W. CAREER COND. 3. 4. J. K. OR T. TEMPORARY 5-9. D-F. H. R. X. OR Y. EXCEPTED	18. RETEN. SUBGROUP II-A	19. SERVICE COMPLETION DATE (b) (6)	20. PERFORMANCE-PROGIC. RATING 1. SATISF. 2. OUTST. 3. UNSATISF. 0. NO RATING	21. NORMAL HOURS 80	22. COMP. LEVEL 29.1	23. PAY BASIS 1			
24. CODE 844	25. NATURE OF ACTION PAY ADJUST.-LEGISLATIVE/EG 12010	NTE DATE	26. DUTY BASIS 1. FULL-TIME 2. PART-TIME 3. INTMT.	27. EFFECTIVE DATE 10-09-77					
28. POSITION TITLE CLERK	29. PAY PLAN GS	30. OCCUP. CODE 0301	31. TITLE CODE 11	32. GRADE-STEP 04/1	33. SALARY PA \$ 8,902				
34. POSITION NO. 00340A	35. ORGANIZATION COST CTR. 8422.2580	36. ORGANIZATION ADMIN SVCS MEDICAL ADMINISTRATION SERVICE							
37. TYPE OFFICE VAH	38. LOCATION ASHEVILLE NC	CODE 09	FOLLOWUP DATE 02-17-78	CODE	FOLLOWUP DATE	CODE	FOLLOWUP DATE	39. COMPL. OF WAITING PERIOD FOR WITHIN-GRADE 12-31-77	
40. ADDITIONAL INFORMATION-REMARKS									

HIG ELIG.1/SALARY DATE 01-02-77

41. LAST NAME-FIRST-MID

JONES, JOHNNIE

This is an 'official' document generated from the eOPF system.



76

COPY

UNITED STATES GOVERNMENT

# Memorandum

TO : Chief, Personnel Services

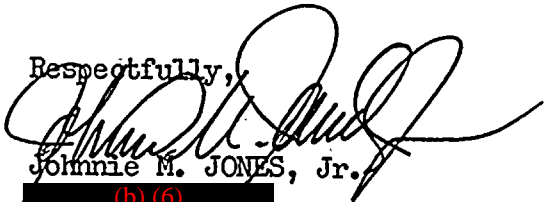
FROM : Johnnie Milton JONES, Jr. (M.A.S.)

SUBJECT: Listing of educational courses completed

DATE: 4-1-77

1. The attached listing of educational courses completed is attached herewith requesting that it be included in my personnel folder.

Respectfully,

  
Johnnie M. JONES, Jr.

(b) (6)



5010-109

This is an 'official' document generated from the eOPF system.





JONES, Johnnie Milton Jr.

(b) (6)

Courses completed at Cecil's Junior College, Asheville NC from  
April 1976 through March 1977

COURSE TITLE

LETTER GRADE

April 1976 thru June 1976

Business Mathematics  
General Psychology  
English Communications I

July 1976 through August 1976

Introduction to Management  
Typing II  
Accounting I

September 1976 through December 1976

Accounting II  
English Communications III  
Introduction to Data Processing

January 1977 through March 1977

Effective Speaking  
Shorthand (Speedwriting) I  
Advertising

(b) (6)



# NOTIFICATION OF PERSONNEL ACTION

(EMPLOYEE - See General Information on Reverse)

Exception to SF50  
Approved by Bureau of the Budget, Oct., 1964

1. NAME, LAST - FIRST - MIDDLE <b>JONES, JOHNNIE M JR</b>		MR. - MISS - MRS. <b>MR.</b>	2. STATION NO. <b>5060</b>	3. BIRTH DATE <b>(b) (6)</b>	4. SOCIAL SECURITY NO. <b>(b) (6)</b>
5. VETERAN PREFERENCE 1. NO 2. 5-PT. 3. 10-PT. DISAB. 4. 10-PT. COMP. 5. 10-PT. OTHER		6. TENURE GROUP <b>2</b>		7. SERVICE COMP. DATE <b>(b) (6)</b>	
9. COVERED—(Regular only-declined Optional) INELIGIBLE 3. WAIVED 4. COVERED—(Reg. and Opt.)		10. RETIREMENT 1. CS 2. FICA 3. FS 4. NONE 5. OTHER		11. (For CSC Use)	
12. CODE	S.C. NATURE OF ACTION <b>732 K PROMOTION</b>			NTE DATE	13. EFF. DATE <b>01-02-77</b>
14. CODE CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>BA DEL 307.106</b>					
15. FROM - POSITION TITLE AND NO. <b>CLERK-TYPIST 00282A</b>			16. PAY PL. OCCUP. CODE <b>GS 0322</b>	17. GRADE OR LEVEL <b>03</b>	STEP/ RATE <b>1</b>
			18. SALARY <b>PA \$ 7,408</b>		
19. NAME AND LOCATION OF EMPLOYING OFFICE <b>VAH ADMIN SVCS MEDICAL ADMINISTRATION SERVICE ASHEVILLE NC</b>					
20. TO - POSITION TITLE AND NO. <b>CLERK 00340A</b>			21. PAY PL. OCCUP. CODE <b>GS 0301</b>	22. GRADE OR LEVEL <b>04</b>	STEP/ RATE <b>1</b>
			23. SALARY <b>PA \$ 8,516</b>		
24. NAME AND LOCATION OF EMPLOYING OFFICE <b>VAH ADMIN SVCS MEDICAL ADMINISTRATION SERVICE ASHEVILLE NC</b>					
25. DUTY STATION (City-State) <b>ASHEVILLE NC</b>				26. LOCATION CODE <b>37-0170-021</b>	
27. APPROPRIATION <b>8412.2580</b>		28. POSITION OCCUPIED <b>2</b> 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE		29. APPORTIONED POSITION FROM TO STATE <b>1. PROVED-1 2. WAIVED-2</b>	

30. REMARKS:  
**YOUR POSITION IS SUBJECT TO THE PROVISIONS OF THE FAIR LABOR STANDARDS ACT.**

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other authentication) AND TITLE <b>Jack R. Allison</b> <b>PERSONNEL OFFICER</b>	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE <b>12-30-76</b>	
33. CODE EMPLOYING DEPARTMENT OR AGENCY <b>VA 00 Veterans Admin</b>		129	

JUNES, JOHNNIE M JR

MR.

10-09-76

1. STATION NO. 5060	2. BIRTH DATE (b) (6)	3. VETERAN REFERENCE 1. NO. 2. B, K, OR S, 5-PT. 3. C, L, OR T, 10-PT. DISAB. 4. D, M, OR U, 10-PT. COMP. 5. 10-PT. OTHER	4. U.S. CITIZENSHIP (b) 1. CITIZEN 2. NONCITIZEN	5. ED. 5	6A. YEAR DEG.	6B. COLLEGE MAJOR	7. MGMT. PERS. / CSC EXEC. INVENTORY 4	8. CENT. POS.	9. SUPV. LEVEL 0
10. RETIREMENT 1. CSC 2. FICA 4. NONE	11. F.E.G. LIFE INSURANCE 1. COV. REG. 2. INELIGIBLE 3. WAIVED 4. COV. REG. & OPT.	12. FEDERAL EMPLOYEES HEALTH BENEFITS 000. INELIGIBLE 001. DECLINED 002. UNDETERMINED 003. CANCELLED 101. UP ENROLLMENT CODE NO.	13. RET. MILITARY	14. REEMP. ANNUITANT NO	15. TITLE 38 DIPLO.	16. ASSGT. 00			
17. TYPE OF APPOINTMENT 1. A, OR B. CAREER 2. C, OR P. CAREER COND.	18. RETEN. SUBGROUP 3, 4, J, OR K. TEMPORARY 5-8, D-F, R, X, OR Y. EXCEPTED II-A	19. SERVICE COMP. UTATION DATE (b) (6)	20. PERFORMANCE-PROFIC. RATING 1. SATISF. 2. OUTST. 3. UNSATISF. 0. NO RATING	21. NORMAL HOURS 80	22. COMP. LEVEL 332	23. PAY BASIS 1			
24. CODE 894	25. NATURE OF ACTION PAY ADJUST.-LEGISLATIVE/E.O. 11941	NTE DATE			26. DUTY BASIS 1. FULL-TIME 2. PART-TIME 3. INTMT.	27. EFFECTIVE DATE 10-10-76			
28. POSITION TITLE CLERK-TYPIST				29. PAY PLAN GS	30. OCCUP. CODE 0322	31. TITLE CODE 02	32. GRADE-STEP 03/1	33. SALARY PA \$ 7,408	
34. POSITION NO. 00282A	35. ORGANIZATION COST CTR. 8415-2580	36. ORGANIZATION ADMIN SVCS MEDICAL ADMINISTRATION SERVICE							
37. TYPE OFFICE VAH	38. LOCATION ASHEVILLE NC	CODE 09	FOLLOWUP DATE 02-17-78	CODE 20	FOLLOWUP DATE 02-17-76	CODE 30	FOLLOWUP DATE 02-28-77	39. COMPL. OF WAITING PERIOD FOR WITHIN-GRADE 02-14-77	
40. ADDITIONAL INFORMATION-REMARKS									

WIG ELIG. 1/SALARY DATE 02-17-76

41. LAST NAME-FIRST-M

JUNES, JOHNN This is an 'official' document generated from the eOPF system.



1-70

COPY

Budget Bureau  
Approved 50-R0372.

**(Data needed for appointment or conversion)**

**INSTRUCTIONS TO APPOINTEE.**—Answers all questions. Your answers will be considered together with other information in your record in determining your present fitness for Federal employment. A false statement or dishonest answer to any question may be grounds for dismissal after appointment or conversion and is punishable by law. Type, print or write legibly in ink.

4. PRESENT ADDRESS (Number, Street, City, State and ZIP Code)

(b) (6)

5. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY	(B) RELATIONSHIP	(C) NUMBER, STREET, CITY, STATE, AND ZIP CODE	(D) TELEPHONE NO.
		(b) (6)	

6. A. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 12 MONTHS? ☐ YES ☒ NO

If "Yes," for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	PRESENT ADDRESS (Including ZIP Code)	RELATIONSHIP	MAR- RIED		SIN- GLE (Check one)	(1) Department or agency in which employed, (2) City and State, ZIP Code, (3) Kind of appointment
						1. .... 2. .... 3. ....
						1. .... 2. .... 3. ....
						1. .... 2. .... 3. ....

B. HAVE YOU ANY RELATIVE (BY BLOOD OR MARRIAGE), NOT LISTED IN ANSWER TO 6A, ABOVE, WHO WORKS IN A CIVILIAN OR MILITARY CAPACITY FOR THE DEPARTMENT OR AGENCY THAT IS CONSIDERING YOU FOR EMPLOYMENT? ☐ YES ☒ NO  
If "Yes," for each such relative give in Item 12 full name, address (including ZIP Code), and relationship. If more space is needed, complete on back of this form.

ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO	ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO
7. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? If "No," give country of which you are a citizen: _____				10. SINCE THE DATE YOU SIGNED YOUR QUALIFICATIONS STATEMENT (OR APPLICATION) FOR THIS EMPLOYMENT, HAVE YOU:			
8. DO YOU RECEIVE OR DO YOU HAVE A PENDING APPLICATION FOR RETIREMENT OR RETAINER PAY, PENSION, OR OTHER COMPENSATION BASED UPON MILITARY, FEDERAL CIVILIAN, OR DISTRICT OF COLUMBIA GOVERNMENT SERVICE?				A. BEEN FIRED FROM EMPLOYMENT FOR ANY REASON?			
If your answer is "Yes," give details in Item 12.				B. QUIT A JOB AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO FIRE YOU FOR ANY REASON?			
9. SINCE THE DATE YOU SIGNED YOUR QUALIFICATIONS STATEMENT (OR APPLICATION) FOR THIS EMPLOYMENT, HAVE YOU:				C. BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS? (You may omit any such discharge changed to honorable by a Discharge Review Board or similar authority.)			
A. BEEN CONVICTED OF AN OFFENSE AGAINST THE LAW OR FORFEITED COLLATERAL, OR ARE YOU NOW UNDER CHARGES FOR ANY OFFENSE AGAINST THE LAW?				If your answer to A, B, or C, is "Yes," give details in Item 12. Show the name and address (including ZIP Code) of employer, approximate date, and reason in each case.			
(You may omit: (1) traffic violations for which you paid a fine of \$30.00 or less; and (2) any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a youth offender law.)				11. HAVE YOU BEEN EMPLOYED BY THE FEDERAL GOVERNMENT BEFORE THIS EMPLOYMENT?			
B. BEEN CONVICTED BY GENERAL COURT-MARTIAL WHILE IN THE MILITARY SERVICE?				If "Yes," answer the following:			
If your answer to A or B is "Yes," give details in Item 12. Show for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken.				A. SINCE JANUARY 1968 HAVE YOU FILED A WAIVER OF REGULAR INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE PROGRAM?			
				B. IF YOU FILED SUCH A WAIVER, HAS IT BEEN CANCELED?			
				C. SINCE JANUARY 1968 HAVE YOU EVER ELECTED OPTIONAL INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE PROGRAM?			
				D. IF YOU MADE SUCH AN ELECTION HAS IT BEEN CANCELED?			

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply) (Continue on reverse if necessary)

[illegible]

**CERTIFICATION.**—I certify that all of the answers to the questions above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of appointee [Signature] Date of signature 8/30/76

APPOINTING OFFICER: Enter date of appointment or conversion: EOD: 8/29/76  
(This form is to be completed before entrance on duty under the appointment or conversion. Sign in INK.)

Standard Form 61-B  
February 1971



STANDARD FORM 144  
REV. AUGUST 1966  
U.S. CIVIL SERVICE COMMISSION  
FPM Supp. 296-31

# STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE

**IMPORTANT:** This form is used only to establish creditability of service, which is otherwise not verified in the Official Personnel Folder, for leave and reduction in force purposes. The employee will complete Part I and the Personnel Office Parts II and III. When this form is used as a cumulative record or the employee's affidavit is used in the absence of a verified record, it must be filed on the right side of the Official Personnel Folder.

## PART I.—EMPLOYEE'S STATEMENT.

1. NAME (Last, first, initial) ☒ Mr. ☐ Mrs. ☐ Miss 2. BIRTH DATE (Mo., day, yr.)  
  
JONES, Johnnie M., Jr. (b) (6)

3. LIST THE FOLLOWING INFORMATION ABOUT ANY CLAIMED FEDERAL OR DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD WHICH HAS NOT YET BEEN VERIFIED. (Do not include military service.) IF ANY OF THIS SERVICE WAS PART-TIME, WAE, OR INTERMITTENT, NOTE THIS UNDER "TYPE OF APPOINTMENT."

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT (If known)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
<del>XXXXXXXXXX</del> National Weather Records Ctr., Asheville XXXX, Asheville, N. C. Natl. Clim. Ctr.  VAH, Asheville, N.C.	76	2	17	76	8	28	(b) (6)
	76	8	29				

4. LIST PERIODS OF ANY CLAIMED ACTIVE SERVICE YOU HAVE HAD IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES, INCLUDING ACTIVE DUTY AS A RESERVIST, WHICH HAS NOT YET BEEN VERIFIED. (Also list Merchant Marine service, if it interrupted service shown in Item 3.)

BRANCH	FROM			TO			DISCHARGE (Hon. or Dishon.)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
Navy  <i>see DD 214</i> <i>Total Active Service</i> <i>05-05-02</i>	72	01	12	76	02	03	(b) (6)

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY DURING ANY ONE CALENDAR YEAR? (If YES, list following information.) ☐ YES ☐ NO

TYPE IF KNOWN (L.W.O.P., Furl., Susp., A.W.O.L.)	FROM			TO			TOTAL		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS
<i>75 14</i> <i>76 2-17</i> <i>5-5-02</i> <i>70-9-15</i> <i>SCD</i>									

6. DO YOU CLAIM ANY TYPE OF VETERAN PREFERENCE WHICH HAS NOT BEEN VERIFIED? ☐ Yes ☐ No If "Yes," check one of the following statements if it applies to you:  
☐ I CLAIM PREFERENCE AS THE WIFE OF A DISABLED VETERAN.  
☐ I CLAIM PREFERENCE AS THE MOTHER OF A DECEASED OR DISABLED VETERAN.  
☐ I CLAIM PREFERENCE AS THE UNREMARKED WIDOW OF A VETERAN.

7. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

Date: EOD: 8/29/76

*Johnnie M. Jones*  
(Signature)

Subscribed and sworn to (or affirmed) before me on this 30th day of August 19 76 at Asheville, N. C.  
(Month) (City) (State)

SEAL

NOTE: If oath is



**TO BE COMPLETED BY THE PERSONNEL OFFICE**

**PART II.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES.** (See FPM, Chapter 630 and Supplement 296-31, Appendix B.) NOTE: For year below, show only last two numbers, for months show numerical equivalent.

CREDITABLE SERVICE (List only periods that are creditable for leave purposes)	(a) Appointment date			(b) Separation date			NONCREDITABLE SERVICE (List noncreditable civilian or military service included in dates to the left)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
ENTRANCE ON DUTY DATE							
TOTAL NONCREDITABLE SERVICE							
TOTAL	(a)			(b)			
SERVICE COMPUTATION DATE (a)-(b)							

**PART III.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE DATE FOR REDUCTION IN FORCE PURPOSES.** (Complete only in cases where the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.) (See FPM Chapter 351 and Supplement 296-31, Appendix B.)

CREDITABLE SERVICE	(a) Appointment date			(b) Separation date			NONCREDITABLE SERVICE (List noncreditable civilian or military service included in the additional service only)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
SERVICE COMPUTATION DATE (From Part II)							
ADDITIONAL SERVICE CREDITABLE FOR RIF ONLY							
TOTAL NONCREDITABLE SERVICE							
TOTAL	(a)			(b)			
SERVICE DATE (a)-(b)*							

\*Enter as the "Service Date" on Standard Form 7, "Service Record."

REMARKS:



## NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

## Part A.—IDENTIFYING DATA

1. NAME (LAST) <b>JONES,</b> (FIRST) <b>JOHNIE</b> (MIDDLE INITIAL) <b>M., JR.</b>	2. DATE OF BIRTH (b) (6)	3. CARRIER CONTROL NO. <b>21791604</b>
4. ADDRESS (INCLUDING ZIP CODE) (b) (6)	5. PAYROLL OFFICE NO. <b>36 00 5060</b>	6. ENROLLMENT CODE NO. (b) (6)
	7. SOCIAL SECURITY ACCOUNT NUMBER (b) (6)	8. DATE THIS ACTION BECOMES EFFECTIVE <b>08-29-76</b>

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

## Part B.—TERMINATION

☐ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 8, ABOVE.

## Part C.—CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

## Part D.—TRANSFER OUT

☐ YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):

## Part E.—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT. ☒

## Part F.—SUSPENSION

☐ YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 8, ABOVE.

## Part G.—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 8, ABOVE. ☐

## Part H.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO: ☐

NAME	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE		

## Part I.—CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD. ☐

YOUR NEW ENROLLMENT  
CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

## Part J.—REMARKS

Transfer from Natl. Climatic Ctr., Asheville, N. C.

## Part K.—DATE OF NOTICE

*Jack R. Allison*  
**JACK R. ALLISON, Chief, Personnel Syce.**

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL

**8/30/76**

DATE

**VA Hospital, Asheville, N. C. 28805**

# INSTRUCTIONS FOR EMPLOYING OFFICES

## PURPOSE OF FORM

This form covers health benefits actions except enrollments, changes of coverage within a plan, and cancellations which are processed on Health Benefits Registration Form (SF 2809). When an action requires a change in health benefits enrollment, prepare SF 2810 as soon as the effective date is known and give the appropriate copies to the enrollee and payroll office immediately. Preparation and distribution of copies should not be delayed pending SF 50 action in the case of transfers to another payroll office.

## PROMPT ACTION REQUIRED FOR CONVERSION

To be eligible to convert to a nongroup contract, enrollee must furnish his copy of this notice to his Plan not later than 31 days after the date shown in Part A, item 8, or 15 days after the date shown in Part K, whichever gives him more time. Therefore, make this form available to the enrollee as soon as possible.

## COMPLETION OF FORM

### PART A--IDENTIFYING DATA

1. For items 1, 2, 3, and 6, transcribe from the last SF 2809 or SF 2810, whichever is the most recent.
2. Item 4, use most recent known address.
3. Item 5, use payroll office number of office authorized to process withholdings.
4. Item 8, date as follows for action reported in:
  - B. TERMINATION--Last day of pay period in which separation (or other action terminating enrollment) occurs except, when coverage terminates because of completion of 365 days in nonpay status, use date of 365th day; and, when coverage terminates because of military duty not limited to 30 days or less, use date employee is separated, furloughed, or placed on leave of absence for military duty.
  - C. CHANGE IN PLAN--Last day of pay period preceding effective date of election to change plans.
  - D. TRANSFER OUT--Actual date.
  - E. TRANSFER IN--Actual date.
  - F. SUSPENSION--Actual date.
  - G. REINSTATEMENT--Actual date.
  - H. CHANGE IN NAME OF ENROLLEE--Actual date.
  - I. CHANGE IN ENROLLMENT--SURVIVOR ANNUITANT--Effective date of sole survivor's annuity.

### PART B--TERMINATION

These most frequently occurring actions terminate enrollment with enrollee eligible to convert to individual contract:

- Separated
- Furloughed by reason of reduction in force
- Retired--not eligible to continue enrollment
- Died--no survivor eligible to continue enrollment
- Termination of title to annuity or compensation
- Changed to excluded position or category
- 365 days nonpay status completed
- Entered military duty not limited to 30 days or less
- Employee organization gives notice to terminate employee's enrollment in organization's plan.

### PART D--TRANSFER OUT

Lossing office use this box to report transfer actions, such as:

- Transferred to another agency or payroll office number (do not use SF 2810 for transfer between employing offices serviced by the same payroll office number)
- Retired--Transfer to a retirement system--employee appears eligible to continue enrollment as an annuitant
- Death--Transfer to retirement system--survivor appears eligible to continue enrollment as a survivor annuitant.
- Transferred to Bureau of Employees' Compensation.

### PART E--TRANSFER IN

Gaining office use this box to report transfer actions, such as:

- Acceptance of transfer from another agency or payroll office number
- Retired--Acceptance of transfer by retirement system because employee is eligible to continue enrollment as an annuitant
- Death--Acceptance of transfer by retirement system because survivor is eligible to continue enrollment as a survivor annuitant
- Transfer accepted by Bureau of Employees' Compensation.

NOTE: Retirement systems (including BEC) accepting transfer in, show also in "Remarks" whether enrollment is for an "EMPLOYEE ANNUITANT" or "SURVIVOR ANNUITANT."

### PART F--SUSPENSION and PART G--REINSTATEMENT

State in "Remarks" reason for any action not applicable to active military duty such as "Reinstatement of erroneous separation."

### PART H--CHANGE IN NAME OF ENROLLEE

Use this box only for reporting changes in name where change of coverage within a plan by SF 2809 is not involved. Show date of birth only where enrollment is changed from employee's or annuitant's name to name of survivor annuitant.

### PART I--CHANGE IN ENROLLMENT--SURVIVOR ANNUITANT

Only agencies administering retirement systems will make this determination on the basis of documentary evidence that there is only one survivor annuitant.

### PART J--REMARKS

Use this box to bring to the attention of the employee, annuitant, or insurance carrier any pertinent information to clarify or support the action being taken.

### PART K--DATE OF NOTICE

Facsimile signature is acceptable. Date as of day of issuance.

## DISPOSITION

ORIGINAL--Deliver (or mail) to employee, annuitant, or survivor at earliest possible date. In case a termination, SF 2810 must be issued more than 75 days after the effective date of termination, destroy the original copy.

DUPLICATE and TRIPLICATE--Send to appropriate payroll office.

QUADRUPLICATE--File in Official Personnel Folder (or its equivalent) except in cases of death or retirement reported as "Transfer Out" to a retirement system (included Bureau of Employees' Compensation). In latter cases, send the triplicate copy of each Health Benefits Registration Form (SF 2809) accepted from the employee including any Medical Certificates attached thereto and this quadruplicate SF 2810 to appropriate payroll office for transmission to agency or office administering retirement or compensation system.





## APPOINTMENT AFFIDAVITS

Clerk-Typist

(Position to which appointed)

August 29, 1976

(Date of appointment)

V. A. Hospital

(Department or agency)

Medical Admin. Svce.

(Bureau or division)

Asheville, N. C.

(Place of employment)

I, JOHNNIE M. JONES, JR., do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

### B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

### C. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

\_\_\_\_\_  
(Signature of appointee)

Subscribed and sworn (or affirmed) before me this 30th day of August A.D. 1976,

at Asheville,

(City)

N. C.

(State)

**VETERANS ADMINISTRATION**  
**Act of 6-26-1973, Sec. 286**  
**[SEAL]**

Lara S. Sawyer  
(Signature of officer)

Commission expires \_\_\_\_\_

(If by a Notary Public, the date of expiration of his Commission should be shown)

Personnel Clerk

(Title)

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "So help me God" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.

# NOTIFICATION OF PERSONNEL ACTION

(EMPLOYEE - See General Information on Reverse)

Exception to SF50

Approved by Bureau of the Budget, Oct., 1964

1. NAME LAST - FIRST - MIDDLE <b>JONES, JOHNNIE M JR</b>		MR. - MISS - MRS.	2. STATION NO. <b>5060</b>	3. BIRTH DATE <b>(b) (6)</b>	4. SOCIAL SECURITY NO. <b>(b) (6)</b>
5. VETERAN PREFERENCE 1. NO 2. 5-PT. 3. 10-PT. DISAB. 4. 10-PT. COMP. 5. 10-PT. OTHER		6. TENURE GROUP		7. SERVICE COMP. DATE <b>(b) (6)</b>	
8. LI 1. COVERED—(Regular only-declined Optional) 2. INELIGIBLE 3. WAIVED 4. COVERED—(Reg. and Opt.)		10. RETIREMENT 1. CS 2. FICA 3. FS 4. NONE 5. OTHER		11. (For CSC use)	
12. CODE	S.C.	NATURE OF ACTION <b>VETERANS READJUSTMENT APPOINTMENT</b>			NTE DATE <b>08-22-76</b>
14. CODE CIVIL SERVICE OR OTHER LEGAL AUTHORITY					
15. FROM - POSITION TITLE AND NO. <b>CLERK-TYPIST 00262A</b>				16. PAY PL. OCCUP. CODE <b>GS 0322</b>	17. GRADE OR LEVEL <b>GS</b>
				STEP/ RATE <b>1</b>	18. SALARY <b>PA 4 7,102</b>
19. NAME AND LOCATION OF EMPLOYING OFFICE <b>ADMIN SVCS MEDICAL ADMINISTRATION SERVICE ASHEVILLE NC</b>					
20. TO - POSITION TITLE AND NO. <b>CLERK-TYPIST 00262A</b>				21. PAY PL. OCCUP. CODE <b>GS 0322</b>	22. GRADE OR LEVEL <b>GS</b>
				STEP/ RATE <b>1</b>	23. SALARY <b>PA 4 7,102</b>
24. NAME AND LOCATION OF EMPLOYING OFFICE <b>ADMIN SVCS MEDICAL ADMINISTRATION SERVICE ASHEVILLE NC</b>					
25. DUTY STATION (City—State) <b>ASHEVILLE NC</b>				26. LOCATION CODE <b>37-17-121</b>	
27. APPROPRIATION <b>0415-2500</b>		28. POSITION OCCUPIED 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE <b>2</b>		29. APPORTIONED POSITION FROM TO STATE 1. PROVED-1 2. WAIVED-2	
30. REMARKS <b>SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY /OR TRIAL/ PERIOD COMMENCING 02/17/76 YOUR POSITION IS SUBJECT TO THE PROVISIONS OF THE FAIR LABOR STANDARDS ACT.</b>					
31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only) <b>08-30-76</b>			34. SIGNATURE (Or other authentication) AND TITLE <b>Jack R. Allison</b> <b>PERSONNEL OFFICER</b>		
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)			35. DATE <b>06-29-76</b>		
33. CODE EMPLOYING DEPARTMENT OR AGENCY <b>VA OO Veterans Admin</b>					





U.S. DEPARTMENT OF COMMERCE  
NOTIFICATION OF PERSONNEL ACTION

4 PERSONNEL FOLDER COPY

TO CRG DC4100 PCN 023 FROM CRG DC4100 PCN 023

1. NAME (CAPS) LAST-FIRST-MIDDLE <b>JONES JOHNNIE B JR</b>		MR.-MISS.-MRS. <b>MR</b>		2. AGENCY USE <b>44568</b>		3. BIRTH DATE <b>(b) (6)</b>		4. SOC. SEC. NO. <b>(b) (6)</b>	
5. VETERAN PREFERENCE 1 - NO 2 - 5 PT. 3 - 10 PT. DISAB. 4 - 10 PT. COMP. 5 - 10 PT. OTHER		6. TENURE <b>2</b>		7. SERV. COMP. DATE <b>(b) (6)</b>					
9. REGEL 1 - REG. ONLY 2 - INELIG 3 - WVD 4 - REG & OPT		10. RETIREMENT 1 - CS 3 - FS 5 - OTHER 2 - FICA 4 - NONE		11. (For CSC use)		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY			
12. NATURE OF ACTION <b>SEPARATION</b>		CODE <b>320 20</b>		13. EFFECTIVE DATE MO. DAY YEAR <b>08 28 76</b>					
15. FROM: POSITION TITLE AND NUMBER <b>METEOROLOGICAL AID</b>		16. PAY PLAN AND OCCUPATION CODE <b>GS 01341</b>		17. GRADE OR LEVEL AND RATE <b>03 01</b>		18. SALARY <b>PA \$ 7102.00</b>			
19. NAME AND LOCATION OF EMPLOYING OFFICE <b>NATIONAL OCEANIC AND ATMOSPHERIC ADM. ASHEVILLE, N. C. NATIONAL CLIMATIC CENTER, EOS INFORMATION SERVICES DIVISION ARCHIVAL SERVICES BRANCH</b>									
20. TO: POSITION TITLE AND NUMBER <b>VA00</b>		21. PAY PLAN AND OCCUPATION CODE		22. GRADE OR LEVEL AND RATE		23. SALARY			
24. NAME AND LOCATION OF EMPLOYING OFFICE									

25. DUTY STATION (City - county - State) <b>ASHEVILLE HUNCOMBE N C</b>		26. LOCATION CODE <b>37 0170 021</b>			
27. APPROPRIATION		28. POSITION OCCUPIED 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE <b>2</b>		29. APPORTIONED POSITION FROM TO 1. PROVED 2. WAIVED <b>1</b>	

30. REMARKS A. SUBJECT TO COMPLETION OF 1 YEAR PROBATION (OR TRIAL) PERIOD COMMENCING: B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM SEPARATIONS: SHOW REASONS BELOW AS REQUIRED CHECK IF APPLICABLE: <input type="checkbox"/> C. DURING PROBATION	
---	--

POSITION SHOWN IN ITEM 20 IS IN NONEXEMPT STATUS UNDER THE F.L.S.A.  
COMPETITIVE LEVEL: FROM 0001 TO 0001  
SF2815 COMPLETED AND A COPY PROVIDED TO EMPLOYEE ON

08-27-76.

GAINING AGENCY VETERANS ADMINISTRATION HOSPITAL  
ASHEVILLE NORTH CAROLINA 28805

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other Authentication) AND TITLE <b>G. W. Ehrsam</b>	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)			
33. CODE EMPLOYING DE <b>CM07 U. S</b>			



## NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

## Part A.—IDENTIFYING DATA

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) <b>JONES, JOHNNIE M., JR.</b>	2. DATE OF BIRTH (b) (6)	3. CARRIER CONTROL NO. <b>21791604</b>
4. ADDRESS (INCLUDING ZIP CODE) (b) (6)	5. PAYROLL OFFICE NO. <b>13 14 0001</b>	6. ENROLLMENT CODE NO. <b>205</b>
7. DATE THIS ACTION BECOMES EFFECTIVE <b>08-28-76</b>		

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

## Part B.—TERMINATION

☐ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE.  
(b) (6)

## Part C.—CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

## Part D.—TRANSFER OUT

YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):  
(b) (6)

## Part E.—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT. ☐

## Part F.—SUSPENSION

☐ YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

## Part G.—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE. ☐

## Part H.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO: ☐

NAME	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE		

## Part I.—CHANGE IN ENROLLMENT — SURVIVOR ANNUITANT

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD. ☐

YOUR NEW ENROLLMENT CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

## Part J.—REMARKS

## Part K.—DATE OF NOTICE

*Gilbert W. Eversum* **Personnel Officer** **08-25-76**  
SIGNATURE OF AUTHORIZED AGENCY OFFICIAL DATE

**NOAA, EDS, Nat'l Climatic Center, Federal Bldg., Asheville, NC 28801**



# INSTRUCTIONS FOR EMPLOYING OFFICES

## PURPOSE OF FORM

This form covers health benefits actions except enrollments, changes of coverage within a plan, and cancellations which are processed on Health Benefits Registration Form (SF 2809). When an action requires a change in health benefits enrollment, prepare SF 2810 as soon as the effective date is known and give the appropriate copies to the enrollee and payroll office immediately. Preparation and distribution of copies should not be delayed pending SF 50 action in the case of transfers to another payroll office.

## PROMPT ACTION REQUIRED FOR CONVERSION

To be eligible to convert to a nongroup contract, enrollee must furnish his copy of this notice to his Plan not later than 31 days after the date shown in Part A, item 7, or 15 days after the date shown in Part K, whichever gives him more time. Therefore, make this form available to the enrollee as soon as possible.

## COMPLETION OF FORM

### PART A--IDENTIFYING DATA

1. For items 1, 2, 3, and 6, transcribe from the last SF 2809 or SF 2810, whichever is the most recent.
2. Item 4, use most recent known address.
3. Item 5, use payroll office number of office authorized to process withholdings.
4. Item 7, date as follows for action reported in:
  - B. TERMINATION--last day of pay period in which separation (or other action terminating enrollment) occurs except, when coverage terminates because of completion of 365 days in nonpay status, use date of 365th day; and, when coverage terminates because of military duty not limited to 30 days or less, use date employee is separated, furloughed, or placed on leave of absence for military duty.
  - C. CHANGE IN PLAN--last day of pay period preceding effective date of election to change plans.
  - D. TRANSFER OUT--Actual date.
  - E. TRANSFER IN--Actual date.
  - F. SUSPENSION--Actual date.
  - G. REINSTATEMENT--Actual date.
  - H. CHANGE IN NAME OF ENROLLEE--Actual date.
  - I. CHANGE IN ENROLLMENT--SURVIVOR ANNUITANT--Effective date of sole survivor's annuity.

### PART B--TERMINATION

These most frequently occurring actions terminate enrollment with enrollee eligible to convert to individual contract:

- Separated
- Furloughed by reason of reduction in force
- Retired--not eligible to continue enrollment
- Died--no survivor eligible to continue enrollment
- Termination of title to annuity or compensation
- Changed to excluded position or category
- 365 days nonpay status completed
- Entered military duty not limited to 30 days or less
- Employee organization gives notice to terminate employee's enrollment in organization's plan.

### PART D--TRANSFER OUT

Lossing office use this box to report transfer actions, such as:

- Transferred to another agency or payroll office number (do not use SF 2810 for transfer between employing offices serviced by the same payroll office number)
- Retired--Transfer to a retirement system--employee appears eligible to continue enrollment as an annuitant
- Death--Transfer to retirement system--survivor appears eligible to continue enrollment as a survivor annuitant.
- Transferred to Bureau of Employees' Compensation.

### PART E--TRANSFER IN

Gaining office use this box to report transfer actions, such as:

- Acceptance of transfer from another agency or payroll office number
- Retired--Acceptance of transfer by retirement system because employee is eligible to continue enrollment as a survivor annuitant
- Death--Acceptance of transfer by retirement system because survivor is eligible to continue enrollment as a survivor annuitant
- Transfer accepted by Bureau of Employees' Compensation.

NOTE: Retirement systems (including BEC) accepting transfer in, show also in "Remarks" whether enrollment is for an "EMPLOYEE ANNUITANT" or "SURVIVOR ANNUITANT."

### PART F--SUSPENSION and PART G--REINSTATEMENT

State in "Remarks" reason for any action not applicable to active military duty such as "Reinstatement of erroneous separation."

### PART H--CHANGE IN NAME OF ENROLLEE

Use this box only for reporting changes in name where change of coverage within a plan by SF 2809 is not involved. Show date of birth only where enrollment is changed from employee's or annuitant's name to name of survivor annuitant.

### PART I--CHANGE IN ENROLLMENT--SURVIVOR ANNUITANT

Only agencies administering retirement systems will make this determination on the basis of documentary evidence that there is only one survivor annuitant.

### PART J--REMARKS

Use this box to bring to the attention of the employee, annuitant, or insurance carrier any pertinent information to clarify or support the action being taken.

### PART K--DATE OF NOTICE

Facsimile signature is acceptable. Date as of day of issuance.

## DISPOSITION

ORIGINAL--Deliver (or mail) to employee, annuitant, or survivor at earliest possible date. In case a termination SF 2810 must be issued more than 75 days after the effective date of termination, destroy the original copy.

DUPLICATE and TRIPLICATE--Send to appropriate payroll office.

QUADRUPPLICATE--File in Official Personnel Folder (or its equivalent) except in cases of death or retirement reported as "Transfer Out" to a retirement system (included Bureau of Employees' Compensation). In latter cases, send the triplicate copy of each Health Benefits Registration Form (SF 2809) accepted from the employee including any Medical Certificates attached thereto and this quadruplicate SF 2810 to appropriate payroll office for transmission to agency or office administering retirement or compensation system.



# EMPLOYEE SERVICE STATEMENT

(See information on reverse)

1. NAME (CAPS) LAST-FIRST-MIDDLE <i>JONES, JOHNNIE M., JR.</i>	MR.-MISS-MRS. <i>Mr.</i>	2. BIRTH DATE (Mo., Day, Yr.) <div style="background-color: black; color: red; text-align: center;">(b) (6)</div>	3. SOCIAL SECURITY NO. <div style="background-color: black; color: red; text-align: center;">(b) (6)</div>	4. STATEMENT NO. <div style="text-align: center;">94</div>
---	-----------------------------	---	---	---

5. SERVICE SUMMARY	FROM			TO			SERVICE			CIVIL SERVICE RETIREMENT DEDUCTIONS		IF "NO" NAME OTHER RETIREMENT SYSTEM
	MO.	DAY	YR.	MO.	DAY	YR.	YRS.	MOS.	DAYS	YES	NO	
A. PREVIOUS CIVILIAN SERVICE												
B. SERVICE PERFORMED IN THIS AGENCY	02	17	76	08	28	76	00	06	12	X		
C. MILITARY SERVICE	09	20	67	01	29	69	01	04	10			
	01	12	72	02	03	76	04	00	22			
D. ACCUMULATE ALL SERVICE AND ENTER TOTAL SERVICE HERE ➡							05	11	14			

6. COMPLETE THIS ITEM ONLY FOR EMPLOYEES SEPARATING FROM POSITIONS SUBJECT TO THE CIVIL SERVICE RETIREMENT SYSTEM - YOUR RETIREMENT BENEFIT, BASED ON THE ABOVE SEPARATION, IS INDICATED BELOW:

- ☒ NONE - TRANSFER TO ANOTHER POSITION SUBJECT TO CSC RETIREMENT  
  
☐ DEFERRED ANNUITY AT AGE 62 OR LUMP SUM REFUND

☐ LUMP SUM REFUND ONLY  
  
☐ IMMEDIATE ANNUITY

7. REMARKS CONCERNING SERVICE ENTRIES ABOVE:

8. SIGNATURE OF EMPLOYEE <i>[Signature]</i>	DATE <i>25 AUG 76</i>	11. AGENCY NAME, INCLUDING BUREAU AND DIVISION, AND ADDRESS <i>Dept. of Commerce, NOAA, EDS, National Climate Center Federal Building Asheville, NC 28801</i>
9. SIGNATURE OF AGENCY OFFICIAL <i>Gilbert W. Ehsaam</i>	DATE <i>08 25 6</i>	
10. TITLE OF AGENCY OFFICIAL <i>Personnel Officer, NCC</i>		

## INSTRUCTIONS FOR EMPLOYING OFFICES

Complete this form upon separation (and conversion to or from an appointment under the Civil Service Retirement System) to provide a cumulative record of creditable service for Civil Service retirement.

**Items 1-3** Must agree with SF-50.

**Item 4** Number statements in consecutive order.

**Item 5** Use FPM Supp. 831-1, Retirement, S-3, Creditable Service, to determine the length and creditability of periods of service. All entries are to reflect verified service documented in the employee's Official Personnel Folder (OPF). If the previous civilian service or military service sections do not apply to the employee, enter "none"; do not leave blank.

**Item 6** Complete only for separations and conversions from positions subject to Civil Service retirement deductions, checking the appropriate box as follows: (*Only one box is to be checked*).

**None**—Check if the employee transfers to another position subject to the Civil Service Retirement System.

**Refund Only**—Check if the employee fails to meet either of the two general requirements for retirement upon separation: (A) 5 years total civilian service and (B) at least one year of service subject to the Civil Service Retirement System in the two year period preceding the separation ("*one of two*" rule)

**Deferred Annuity or Refund** — Check if the employee, at separation, meets both of the general requirements for retirement but does not meet any of the sets of conditions for immediate annuity opposite.

**Immediate Annuity** — Check if, at separation, the employee meets both of the general requirements and any of the sets of conditions for immediate annuity shown opposite.

Minimum Age	Minimum Service (Years)	Special Requirements
62	5	None
60	20	None
55	30	None
Any age	25	Separation must be involuntary without cause or during a major reduction in force as determined by the Civil Service Commission.
50	20	
Any age	5	Total disability: "one of two" rule, above, does not apply.

**Item 7** Explain any difference between the amount of creditable service entered for a period of service and the calendar time represented by the "From" and "To" dates entered for the same period, i.e. Excess LWOP, Intermittent Service, or "Time Lost" during military service. Also use this section to clarify any other entries on the form. For example, if the employee had two periods of military service enter "See Remarks" and the amount of total military service in Section 5C and enter the dates of military service under Remarks.

**Item 8** The employee is to review and sign the forms during the exit interview or at some other convenient time prior to actual separation. If the employee's signature is not obtained before actual separation, the employee and OPF copies of the form are to be forwarded to the employee for signature. The control copy is to be filed on the right-hand side of the employee's OPF. The material sent to the employee is to include a letter of transmittal which instructs the employee to sign and return the OPF copy and a franked envelope with the agency's return address. If the employee fails to return the OPF copy, the control copy will be retained in the personnel folder. If the OPF copy is returned or if the employee's signature is obtained before separation, the control copy may be discarded.

**Items 9-11** The completed forms are to be signed by an authorized agency personnel official, including title, agency name, bureau, division, and mailing address.

**NOTE:** A current copy of this form is to be filed on the right-hand side of the employee's Official Personnel Folder whenever the folder is transferred between agencies or from an agency to the Federal Records Center, regardless of nature of agency, type of appointment, or reason for separation.



<b>HEALTH BENEFITS REGISTRATION FORM</b> FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM (Road instructions on back of page 3.)		New Carrier's Control No. <div style="font-size: 24pt; font-weight: bold;">21791604</div>																										
		Old Carrier's Control No.																										
TO EMPLOYING OFFICE: SHOW OLD CARRIER'S CONTROL NUMBER ONLY IF ELECTION IS TO CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF ENROLLMENT IN THE SAME PLAN.																												
<b>PART A</b>  ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL) <div style="text-align: center; font-weight: bold;">JONES, Johnnie M., Jr.</div>		2. DATE OF BIRTH (Use numbers) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> <td style="width: 33%;">YEAR</td> </tr> <tr> <td style="text-align: center;">(b) (6)</td> <td style="text-align: center;">(b) (6)</td> <td style="text-align: center;">(b) (6)</td> </tr> </table>		MONTH	DAY	YEAR	(b) (6)	(b) (6)	(b) (6)	3. ARE YOU NOW MARRIED?  Yes <input checked="" type="checkbox"/> (b) (6) No <input type="checkbox"/>																	
	MONTH	DAY	YEAR																									
	(b) (6)	(b) (6)	(b) (6)																									
	4. YOUR MAILING ADDRESS (NUMBER AND STREET) <div style="text-align: center;">(b) (6)</div>		5. SOCIAL SECURITY ACCOUNT NUMBER <div style="text-align: center;">(b) (6)</div>		6. SEX MALE <input checked="" type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2																							
(CITY) (STATE) (ZIP CODE) <div style="text-align: center;">(b) (6)</div>																												
IMPORTANT																												
IT IS ILLEGAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER MORE THAN ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE FAMILY ENROLLMENT OF ANOTHER FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEE OR ANNUITANT YOU MUST REGISTER NOT TO ENROLL OR THE OTHER ENROLLMENT MUST BE CANCELED OR CHANGED TO SELF ONLY. SIMILARLY, IF A FAMILY MEMBER LISTED BY YOU IN PART B IS COVERED THROUGH HIS (OR HER) OWN ENROLLMENT, YOU CANNOT ELECT A FAMILY ENROLLMENT UNLESS THE FAMILY MEMBER CANCELS HIS (OR HER) ENROLLMENT. ALSO SEE BACK OF PAGES 2 AND 3.																												
<b>PART B</b>  FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.  If enrollment is for Self Only, answer Item 1. If enrollment is for Self and Family, also answer Item 2.  IF YOU ARE CHANGING YOUR ENROLLMENT ALSO FILL IN PART D.	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from back page of brochure of the plan you select.)																											
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NAME OF PLAN</td> <td style="width: 20%;">OPTION (HIGH OR LOW)</td> <td style="width: 20%;">ENROLLMENT CODE NUMBER</td> </tr> <tr> <td style="text-align: center;">(b) (6)</td> <td></td> <td></td> </tr> </table>					NAME OF PLAN	OPTION (HIGH OR LOW)	ENROLLMENT CODE NUMBER	(b) (6)																			
	NAME OF PLAN	OPTION (HIGH OR LOW)	ENROLLMENT CODE NUMBER																									
	(b) (6)																											
2. In space below list all eligible family members without exception: List your wife or husband first, then your unmarried children under age 22, including (a) legally adopted children and (b) stepchildren, foster children, and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 22 who became disabled before age 22 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 22 or over, if one is not already on file.) DO NOT LIST PARENTS OR OTHERS WHO ARE NOT ELIGIBLE FAMILY MEMBERS. THEY WILL NOT RECEIVE BENEFITS, EVEN IF THEY ARE DEPENDENT ON YOU AND ARE LISTED.																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 10%;">DATE OF BIRTH (Month, Day, Year)</th> <th style="width: 40%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 10%;">DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">(b) (6)</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">7</td> </tr> <tr> <td></td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td></td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">9</td> </tr> <tr> <td></td> <td style="text-align: center;">5</td> <td></td> <td style="text-align: center;">10</td> </tr> </tbody> </table>					NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	Wife or Husband	1		6	(b) (6)	2		7		3		8		4		9		5		10
NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)																									
Wife or Husband	1		6																									
(b) (6)	2		7																									
	3		8																									
	4		9																									
	5		10																									
<b>PART C</b> FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.																												
PLACE AN "X" IN ITEM 1 OR 2, WHICHEVER APPLIES:																												
<table style="width:100%;"> <tr> <td style="width: 50%; vertical-align: top;">           1. I ELECT NOT TO ENROLL IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM. <input type="checkbox"/> </td> <td style="width: 50%; vertical-align: top;">           2. I ELECT TO CANCEL MY PRESENT ENROLLMENT UNDER THE CODE NUMBER SHOWN BELOW: <input type="checkbox"/> </td> </tr> </table>						1. I ELECT NOT TO ENROLL IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM. <input type="checkbox"/>	2. I ELECT TO CANCEL MY PRESENT ENROLLMENT UNDER THE CODE NUMBER SHOWN BELOW: <input type="checkbox"/>																					
1. I ELECT NOT TO ENROLL IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM. <input type="checkbox"/>	2. I ELECT TO CANCEL MY PRESENT ENROLLMENT UNDER THE CODE NUMBER SHOWN BELOW: <input type="checkbox"/>																											
<table style="width:100%;"> <tr> <td style="width: 60%;">           Present Enrollment Code Number         </td> <td style="width: 40%;">           If you elect to cancel be sure to read "Cancellation of Enrollment" on back of page 3.         </td> </tr> </table>						Present Enrollment Code Number	If you elect to cancel be sure to read "Cancellation of Enrollment" on back of page 3.																					
Present Enrollment Code Number	If you elect to cancel be sure to read "Cancellation of Enrollment" on back of page 3.																											
<b>PART D</b> FILL IN THIS PART, AS WELL AS PART B, TO CHANGE YOUR REGISTRATION.																												
ANSWER ITEMS 1, 2, AND 3 TO SHOW ENROLLMENT CODE BEING CHANGED AND ELIGIBILITY FOR CHANGE.																												
<table style="width:100%;"> <tr> <td style="width: 33%;">1. ENROLLMENT CODE NUMBER OF PRESENT PLAN.</td> <td style="width: 33%;">2. NUMBER OF EVENT WHICH PERMITS CHANGE. (See table on back of page 2 for proper number.)</td> <td style="width: 33%;">3. DATE OF EVENT WHICH PERMITS CHANGE.</td> </tr> <tr> <td style="text-align: center;"> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> </td> <td style="text-align: center;"> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> </td> <td style="text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> <td style="width: 33%;">YEAR</td> </tr> <tr> <td style="text-align: center;">(b) (6)</td> <td style="text-align: center;">(b) (6)</td> <td style="text-align: center;">(b) (6)</td> </tr> </table> </td> </tr> </table>						1. ENROLLMENT CODE NUMBER OF PRESENT PLAN.	2. NUMBER OF EVENT WHICH PERMITS CHANGE. (See table on back of page 2 for proper number.)	3. DATE OF EVENT WHICH PERMITS CHANGE.	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> <td style="width: 33%;">YEAR</td> </tr> <tr> <td style="text-align: center;">(b) (6)</td> <td style="text-align: center;">(b) (6)</td> <td style="text-align: center;">(b) (6)</td> </tr> </table>	MONTH	DAY	YEAR	(b) (6)	(b) (6)	(b) (6)											
1. ENROLLMENT CODE NUMBER OF PRESENT PLAN.	2. NUMBER OF EVENT WHICH PERMITS CHANGE. (See table on back of page 2 for proper number.)	3. DATE OF EVENT WHICH PERMITS CHANGE.																										
<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> <td style="width: 33%;">YEAR</td> </tr> <tr> <td style="text-align: center;">(b) (6)</td> <td style="text-align: center;">(b) (6)</td> <td style="text-align: center;">(b) (6)</td> </tr> </table>	MONTH	DAY	YEAR	(b) (6)	(b) (6)	(b) (6)																				
MONTH	DAY	YEAR																										
(b) (6)	(b) (6)	(b) (6)																										
<b>PART E</b>  ALL WHO REGISTER MUST FILL IN THIS PART.	<div style="text-align: center;">           (YOUR SIGNATURE--DO NOT PRINT)       </div>				<div style="text-align: center;">         02-23-76          (DATE)       </div>																							
	<b>WARNING.</b> --Any intentional false statement in this application or wilful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)																											
<b>PART F</b>  TO BE COMPLETED BY AGENCY.	1. NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYING OFFICE <div style="text-align: center;"> <b>National Climatic Center          Federal Building          Asheville, NC 28801</b> </div>		2. DATE RECEIVED IN EMPLOYING OFFICE <div style="text-align: center;"> <b>02-23-76</b> </div>		3. EFFECTIVE DATE OF ELECTION <div style="text-align: center;"> <b>02-29-76</b> </div>																							
	<div style="text-align: center;">           (SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)       </div>		4. PAYROLL OFFICE NO. <div style="text-align: center;"> <b>13 14 0001</b> </div>		5. SF 2811 REPORT NO.																							
<b>REMARKS FOR USE ONLY BY AGENCY.</b>																												





## INSTRUCTIONS FOR EMPLOYEES AND ANNUITANTS (READ CAREFULLY BEFORE COMPLETING FORM)

- Before registering, employees should study Standard Form No. 2809-A, The Federal Employees Health Benefits Program. Annuitants should read BRI 41-118, Information For Annuitants. If you need information or help, consult the person or office which usually advises you on personnel matters. You can also obtain information and assistance from any office of the U.S. Civil Service Commission.

### COMPLETION OF FORM

- Use typewriter or bear down with ball-point pen to make legible copies. Sign and date in Part E and submit all copies to your employing office. Do not detach.
- If you wish to enroll, fill in Parts A, B, and E.
- If you do not wish to enroll or if you are enrolled and wish to cancel your enrollment without joining another plan, fill in Parts A, C, and E.
- If you wish to change your enrollment from Self Only to Self and Family (or the reverse) or if you wish to change from your present plan or option to another plan or option, fill in Parts A, B, D, and E.

### DUAL ENROLLMENT PROHIBITED

No person may be enrolled both as an employee or annuitant and covered as a member of a family. If your wife or husband works for the Government, you may each enroll for Self Only or one of you may enroll for Self and Family. If you are unmarried and under age 22 and have a parent who is a Federal employee enrolled for Self and Family under this Program, you are covered under your parent's enrollment and may not enroll in your own name until you lose this coverage.

### ENROLLMENT CODE NUMBER

The enrollment code number you fill in shows the plan and option in which you will be enrolled. It also shows whether you are enrolling for Self Only or Self and Family.

Be sure you copy the name of the plan and the enrollment code number from the brochure correctly.

### ENROLLMENT IN A COMPREHENSIVE PLAN

If you enroll in a comprehensive plan (group-practice or individual-practice), be sure you are in the geographic area served by the plan; otherwise, you may be entitled only to the plan's out-of-area benefits.

### ENROLLMENT IN AN EMPLOYEE ORGANIZATION PLAN

If you enroll in an employee organization plan, you must be (or become) a member of the organization which sponsors the plan. Your membership will be verified.

### IF YOU ARE REGISTERING FOR SOMEONE ELSE

If you are registering for an employee or annuitant under a written authorization from him to do so, sign your name and attach the written authorization.

### MEDICAL CERTIFICATES

- If you enroll for Self and Family and the family includes a child over age 22 who is incapable of self-support because of mental or physical incapacity which existed prior to attainment of age 22, you must attach a certificate signed by a doctor which gives the following information:
  - The child's name.
  - The nature of the child's disability.
  - The period of time the disability has existed.
  - The probable future course and duration of the disability.
  - The doctor's name and address.

- The decision of your employing office concerning the disability is final and unless the child's disability is considered permanent, the doctor's certificate may have to be renewed from time to time.

- In the case of a disabled child under age 22 whose disability is expected to continue beyond age 22, a doctor's certificate should be filed with your employing office at least 30 days before the child's 22nd birthday; otherwise, he may no longer be covered as a member of the family.

- If you are changing your enrollment, a new medical certificate is not required if one which has not expired is already on file.

### ANNUITANTS

- If you are an annuitant under the Civil Service Retirement System, the Bureau of Retirement, Insurance, and Occupational Health, U.S. Civil Service Commission, Washington, D.C. 20415, acts as your "employing office."

- If your annuity is being paid by a system other than the Civil Service Retirement System, the agency which authorizes payment of your annuity acts as your "employing office."

- If you are in receipt of monthly compensation from the Bureau of Employees' Compensation and have been found unable to return to duty, the Bureau of Employees' Compensation, Department of Labor, acts as your "employing office."

### FUTURE CHANGES IN ADDRESS OR FAMILY

After you file the registration form, you do NOT have to report future changes in your family or in your address to your employing office although the plan in which you enroll may ask you to supply it directly with this information. You should, however, immediately notify your employing office when you become the only person covered by the family enrollment so that your enrollment may be changed to Self Only. You should also notify your employing office if you change your name or are enrolled for Self Only and get married or otherwise add family members, so you can change to family coverage.

### CHANGES IN ENROLLMENT

You may have other opportunities to change your enrollment; or, if you previously elected not to enroll, you may have an opportunity to enroll in a plan. A table summarizing the various opportunities for employees to change and the time limit within which a change must be made appears on the back of page 2 of this form. It also appears in Standard Form No. 2809-A. If you do not have a copy of that form, you should get one from your employing office.

### CANCELLATION OF ENROLLMENT

You may register to cancel your enrollment at any time. See the back of page 2 of this form for information on effective dates. If you are an employee and you cancel your enrollment, you may reenroll only under the circumstances explained on the back of page 2 of this form. If you cancel now and later reenroll, you will not normally be eligible for health benefits coverage during retirement unless you remain continuously enrolled for 5 years immediately preceding your retirement, and retire on immediate annuity with at least 12 years' service or for disability. If you are an annuitant and you cancel your enrollment, you cannot reenroll as an annuitant.

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
JONES	Johnnie	M., Jr.		(b) (6)
EMPLOYING DEPARTMENT OR AGENCY Department of Commerce, NOAA, EDS National Climatic Center			LOCATION (City, State, ZIP Code) Asheville, NC 28801	
HAVE YOU EVER BEFORE FILED AN "ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE"? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," your last such form remains in effect and you should not file this new form unless you want to change the old one. (See Instructions for Employees on page 4.)				

**3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance



**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
**OPTIONAL** but  
do want  
regular  
insurance



**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance



**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 DATE AND SIGN. RETURN THE ENTIRE FORM TO  
YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

*Johnnie M. Jones*

DATE

*Feb 17, 1976*

**FOR EMPLOYING OFFICE USE ONLY**

62. MAY 68 (official receiving date stamp)  
FEB 17 10 39 AM '76

RECEIVED

See Table of Effective Dates on back of Original

ORIGINAL



## INSTRUCTIONS TO EMPLOYING AGENCIES

### 1. *Who must file.*—SF 176 must be filed by—

- a new employee who is not excluded by law or regulation from insurance. This includes one with prior Government service that ended before February 14, 1968, and for whom no SF 176-T is on file,
- an employee appointed to a nonexcluded position following service during which he was ineligible for insurance,
- an employee desiring to change his insurance coverage.

Give a *new employee* copies of SF 176 and SF 176-A when he reports for duty and ask him to return the completed SF 176 showing his election promptly (preferably before the end of the first day period) but in no case later than 31 days after his appointment date.

An *employee with prior Government service* in a non-excluded position from which he was separated after February 14, 1968, will have an SF 176 (or SF 176-T) on file in his official personnel folder. This election, declination, or waiver remains in effect, and he is accordingly insured, or not insured, in his new employment. He is not required to file a new SF 176.

Until his election, declination, or waiver can be verified, make deductions based on his statement concerning earlier insurance coverage in his "Declaration of Appointee" (SF 61).

An *employee with newly acquired insurance eligibility* (e.g., one transferred or converted from an excluded to a nonexcluded position or status), must be given the same opportunity to complete an SF 176 as a new employee.

An *employee desiring to change his insurance* may at any time file an SF 176 declining his optional insurance or waiving his regular (and optional, if any) insurance.

An employee who is under age 50 may also request a cancellation of a waiver of regular insurance or a declination of optional insurance any time after it has been in effect one year. The employee is first required to submit a "Request for Insurance" (SF 51). If the Office of Federal Employees' Group Life Insurance approves the SF 51, notify the employee and ask him then to submit an SF 176 showing his election.

2. *Employees failing to file.*—If a new employee (or newly eligible employee) does not promptly return a completed SF 176, contact him and urge him to do so even if he does not want optional insurance. (He will, of course, be automatically covered for regular insurance.)

If he still fails to file an SF 176 within 31 days after appointment (or after becoming eligible), file one for him as of that date; mark box B, and note in the space provided for his signature "employee contacted on (date)—failed to elect optional insurance."

3. *Review of completed SF 176.*—Review both copies of the SF 176 to see that it is legible, complete, and correct. If employee waives (marks box C) it is advisable to contact him and ascertain whether this expresses his intention or is an error on his part.

4. *Date of receipt and effective date.*—Stamp date of receipt by employing office in the space provided for this purpose on both the original and the duplicate. The date of receipt automatically determines the effective date as shown in the table below.

5. *Disposition of SF 176.*—File the original SF 176 in the official personnel folder in all cases. The duplicate may be destroyed if not needed for payroll purposes or after the requirements of the agency's payroll system have been met.

**TABLE OF EFFECTIVE DATES**  
**New employee (never before filed SF 176 or SF 176-T)**

EMPLOYEE'S DECISION	EFFECTIVE DATE OF DECISION	EFFECTIVE DATE OF DEDUCTIONS
Elects optional	OPTIONAL coverage effective on date SF 176 received by employing office or on first day in duty and pay status, if later; REGULAR coverage effective on first day in duty and pay status.	OPTIONAL and REGULAR deductions begin with pay period in which coverages are effective.
Declines optional	Declination effective on date SF 176 received in employing office; REGULAR coverage effective on first day in duty and pay status.	REGULAR deductions begin with pay period coverage is effective. No OPTIONAL deductions.
Waives insurance	If received during first pay period, waiver effective on receipt; If received after first pay period, then on last day of pay period in which received.	No deductions if waiver received during first pay period; REGULAR deductions, if begun, stop last day of pay period in which waiver is received.

**Present or former employee (previously filed SF 176 or SF 176-T)**

PRESENT INSURANCE COVERAGE	EMPLOYEE'S DECISION	EFFECTIVE DATE OF DECISION	EFFECTIVE DATE OF DEDUCTIONS
Waived coverage	Elects optional	REGULAR coverage effective on first day in duty and pay status after date of approval of "Request for Insurance" (SF 51) by OFEGLI; OPTIONAL coverage effective on first day in duty and pay status after date of approval of SF 51 and receipt of SF 176 by employing office.	OPTIONAL and REGULAR deductions begin with pay period in which respective coverages are effective.
Waived coverage	Declines optional	REGULAR coverage effective on first day in duty and pay status after date of approval of "Request for Insurance" (SF 51) by OFEGLI.	REGULAR deductions begin with pay period in which coverage is effective.
Has regular insurance only	Elects optional	OPTIONAL coverage effective on first day in duty and pay status after date of approval of "Request for Insurance" (SF 51) by OFEGLI and receipt of SF 176 by employing office.	OPTIONAL deductions begin with pay period in which coverage is effective.
Has regular and optional insurance	Declines optional	Cancellation of OPTIONAL coverage effective on last day of pay period in which SF 176 received; REGULAR coverage continues.	OPTIONAL deductions stop last day of pay period in which declination is received; REGULAR deductions continue.
Has regular (or regular and optional) insurance	Waives insurance	Waiver of REGULAR coverage (and cancellation of OPTIONAL, if any) effective on last day of pay period in which received.	REGULAR (and OPTIONAL, if any) deductions stop on last day of pay period in which waiver is received.

- NOTES: 1. Approval by OFEGLI of a "Request for Insurance" (SF 51) is good for only 31 days. Regular coverage cannot become effective if employee is not in duty and pay status within 31-day period. Optional coverage cannot become effective unless the employee is in duty and pay status and also returns an SF 176, showing an election of optional insurance, to his employing office within the 31-day period. If approval of SF 51 expires, new SF 51 must be submitted to OFEGLI.
2. An employee for whom the agency files SF 176 because he failed to do so is deemed to have declined optional, but not regular, insurance.
3. The effective date of regular (and optional, if not declined) coverage for an employee who has been on leave without pay for more than 12 months is the first day he is in pay and duty status. Deductions are effective the same day.



## APPOINTMENT AFFIDAVITS

Meteorological Aid

(Position to which appointed)

02-17-76

(Date of appointment)

Commerce, NOAA, EDS, Nat'l Climatic Center, Asheville, NC 28801

(Department or agency)

(Bureau or division)

(Place of employment)

I, JOHNIE M. JONES, Jr., do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

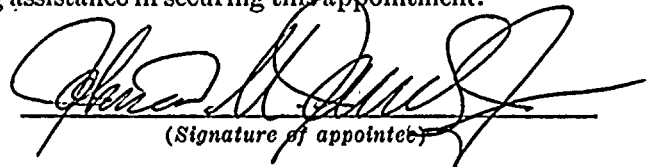
I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

### B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

### C. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

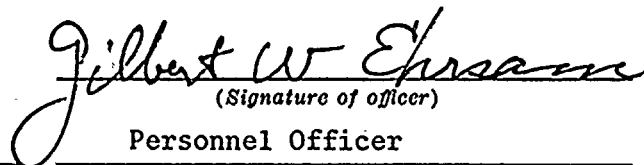
I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

  
(Signature of appointee)

Subscribed and sworn (or affirmed) before me this 17 day of February A.D. 19 76,

at Asheville, North Carolina  
(City) (State)

[SEAL]

  
(Signature of officer)  
Personnel Officer  
(Title)

Commission expires \_\_\_\_\_  
(If by a Notary Public, the date of expiration  
of his Commission should be shown)

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "So help me God" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.





**Budget Bureau  
Approved 50-RO372.**

**INSTRUCTIONS TO APPOINTEE.**—Answers all questions. Your answers will be considered together with other information in your record in determining your present fitness for Federal employment. A false statement or dishonest answer to any question may be grounds for dismissal after appointment or conversion and is punishable by law. Type, print or write legibly in ink.

6. A. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 12 MONTHS? ☐ YES ☒ NO  
If "Yes," for each such relative fill in the blank below. If additional space is necessary, complete under Item 1z.

B. HAVE YOU ANY RELATIVE (BY BLOOD OR MARRIAGE), NOT LISTED IN ANSWER TO 6A, ABOVE, WHO WORKS IN A CIVILIAN OR MILITARY CAPACITY FOR THE DEPARTMENT OR AGENCY THAT IS CONSIDERING YOU FOR EMPLOYMENT? (b) (6)  
If "Yes," for each such relative give in Item 12 full name, address (including ZIP Code), and relationship. If more space is needed, complete on back of this form.

[illegible]

**APPOINTING OFFICER.**—Enter date of appointment or conversion: \_\_\_\_\_  
(This form is to be completed before entrance on duty under the appointment or conversion. Sign in INK.)

Standard Form 61-B  
February 1971  
U.S. Civil Service Commission



U.S. DEPARTMENT OF COMMERCE  
NOTIFICATION OF PERSONNEL ACTION

4 PERSONNEL FOLDER COPY

TO ORG DC4100 PCN 023

(b) (6)

(b) (6)

00

11. (For CSC use)

14. CIVIL SERVICE OR OTHER LEGAL  
AUTHORITY

REG 307.103

02 17 76

16. PAY PLAN AND  
OCCUPATION CODE

17. GRADE  
OR LEVEL  
AND RATE

18. SALARY

TITLE AND  
NUMBER

19. NAME AND  
LOCATION OF  
EMPLOYING OFFICE

METEOROLOGICAL AID

21. PAY PLAN AND  
OCCUPATION CODE

22. GRADE  
OR LEVEL  
AND RATE

23. SALARY

GS 01341

03 01

PA 4 7102.00

RC2137

NATIONAL OCEANIC AND ATMOSPHERIC ADM. ASHEVILLE, N. C.  
NATIONAL CLIMATIC CENTER, EOS  
INFORMATION SERVICES DIVISION  
ARCHIVAL SERVICES BRANCH

25. DUTY STATION (City - county - State)

26. LOCATION CODE

ASHEVILLE

BUNCOMBE

N C

37 0170 021

27. APPROPRIATION

28. POSITION OCCUPIED

29. APPORTIONED POSITION

FROM

TO

STATE

1. COMPETITIVE SERVICE  
2. EXCEPTED SERVICE

1. PROVED  
2. WAIVED

30. REMARKS

A. SUBJECT TO COMPLETION OF 1 YEAR PROBATION (OR TRIAL) PERIOD COMMENCING:

B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM

SEPARATIONS: SHOW REASONS BELOW AS REQUIRED CHECK IF APPLICABLE:

02-17-76 TO

C. DURING  
PROBATION

02 17 76

POSITION SHOWN IN ITEM 20 IS IN NONEXEMPT STATUS UNDER THE F.L.S.A.  
COMPETITIVE LEVEL: FROM TO 0001  
SF-171, 85, AND 87 TO CSC ON 02-17-76

POSITION, SUPERV 2 SPEC PROG I D 59  
WORK SCHEDULE F EDUC LEVEL 04  
PAY RATE DETERM 0

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)

02 17 76

32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)

34. SIGNATURE (Or other Authentication) AND TITLE

G. W. Ehrsam

33. CODE EMPLOYING DE

CM07 U. S.





STANDARD FORM 144  
REV. AUGUST 1966  
U.S. CIVIL SERVICE COMMISSION  
FPM Supp. 296-31

# STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE

**IMPORTANT:** This form is used only to establish creditability of service, which is otherwise not verified in the Official Personnel Folder, for leave and reduction in force purposes. The employee will complete Part I and the Personnel Office Parts II and III. When this form is used as a cumulative record or the employee's affidavit is used in the absence of a verified record, it must be filed on the right side of the Official Personnel Folder.

## PART I.—EMPLOYEE'S STATEMENT.

1. NAME (Last, first, initial) ☒ Mr. ☐ Mrs. ☐ Miss

2. BIRTH DATE (Mo., day, yr.)

JONES, JOHNNIE M. JR.

(b) (6)

3. LIST THE FOLLOWING INFORMATION ABOUT ANY CLAIMED FEDERAL OR DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD WHICH HAS NOT YET BEEN VERIFIED. (Do not include military service.) IF ANY OF THIS SERVICE WAS PART-TIME, WAE, OR INTERMITTENT, NOTE THIS UNDER "TYPE OF APPOINTMENT."

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT (If known)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
NONE							

4. LIST PERIODS OF ANY CLAIMED ACTIVE SERVICE YOU HAVE HAD IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES, INCLUDING ACTIVE DUTY AS A RESERVIST, WHICH HAS NOT YET BEEN VERIFIED. (Also list Merchant Marine service, if it interrupted service shown in Item 3.)

BRANCH	FROM			TO			DISCHARGE (Hon. or Dishon.)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
U.S. NAVAL RESERVE (ACTIVE DUTY)	1967	SEP	20	1969	JAN	29	(b) (6)
U.S. NAVAL RESERVE (ACTIVE DUTY)	1972	JAN	12	1976	FEB	03	

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY DURING ANY ONE CALENDAR YEAR? (If YES, list following information.)

☐ YES ☒ NO

TYPE IF KNOWN (L.W.O.P., Furl., Susp., A.W.O.L.)	FROM			TO			TOTAL		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS
NONE									

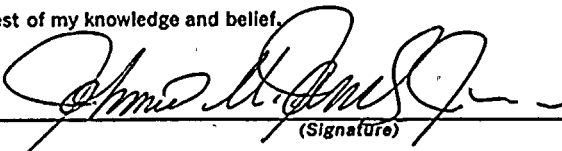
6. DO YOU CLAIM ANY TYPE OF VETERAN PREFERENCE WHICH HAS NOT BEEN VERIFIED? ☒ Yes ☐ No If "Yes," check one of the following statements if it applies to you:

- ☐ I CLAIM PREFERENCE AS THE WIFE OF A DISABLED VETERAN.  
☐ I CLAIM PREFERENCE AS THE MOTHER OF A DECEASED OR DISABLED VETERAN.  
☐ I CLAIM PREFERENCE AS THE UNREMARKED WIDOW OF A VETERAN.

7. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

Date:

  
(Signature)

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ at \_\_\_\_\_ (Month) (City) (State)

SEAL

NOTE: If oath is:



**TO BE COMPLETED BY THE PERSONNEL OFFICE**

**PART II.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES.** (See FPM, Chapter 630 and Supplement 296-31, Appendix B.) NOTE: For year below, show only last two numbers, for months show numerical equivalent.

CREDITABLE SERVICE (List only periods that are creditable for leave purposes)	(a) Appointment date			(b) Separation date			NONCREDITABLE SERVICE (List noncreditable civilian or military service included in dates to the left)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
ENTRANCE ON DUTY DATE							
TOTAL NONCREDITABLE SERVICE							
TOTAL	(a)			(b)			
SERVICE COMPUTATION DATE (a)-(b)							

**PART III.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE DATE FOR REDUCTION IN FORCE PURPOSES.** (Complete only in cases where the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.) (See FPM Chapter 351 and Supplement 296-31, Appendix B.)

CREDITABLE SERVICE	(a) Appointment date			(b) Separation date			NONCREDITABLE SERVICE (List noncreditable civilian or military service included in the additional service only)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
SERVICE COMPUTATION DATE (From Part II)							
ADDITIONAL SERVICE CREDITABLE FOR RIF ONLY							
TOTAL NONCREDITABLE SERVICE							
TOTAL	(a)			(b)			
SERVICE DATE (a)-(b)*							

\*Enter as the "Service Date" on Standard Form 7, "Service Record."

REMARKS:





## PERSONAL QUALIFICATIONS STATEMENT

Office of Management and Budget  
Approved 30-RO387

1A. Kind of position (job) you are filing for (or title of announcement)		B. Announcement No.					
C. Options for which you wish to be considered (if listed in announcement)							
D. Primary place(s) you wish to be employed							
2. Home phone (including Area Code)		3. Office phone (including Area Code)					
(b) (6)		(b) (6)					
4. Name (Last) (First) (Middle) (Maiden, if any) <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. and Address (Number, Street, City, State and ZIP Code)							
JONES, Johnnie Milton Jr. (b) (6)							
5. Legal or voting residence (State) North Carolina							
6. Height without shoes		7. Weight					
(b) (6)		(b) (6)					
8. Birthplace (City and State, or foreign country) Spartanburg, South Carolina							
9. Birth date (Month, day, year)		10. Social Security Account Number					
(b) (6)		(b) (6)					
11. If you have ever been employed by the Federal Government as a civilian, give your last classification series, grade, and job title. Not Applicable Dates of service in that grade From To							
12. If you are currently on a list of eligibles for appointment to a Federal position, give the name of the announcement, the name of the office maintaining the list, the date on your notice of rating, and your rating. Not Applicable							
13. Lowest pay or grade you will accept		14. When will you be available?					
<table border="1"> <tr> <th>PAY</th> <th>GRADE</th> </tr> <tr> <td>\$ per</td> <td>OR GS-4</td> </tr> </table>		PAY	GRADE	\$ per	OR GS-4	Immediately	
PAY	GRADE						
\$ per	OR GS-4						

15. Will you accept temporary employment for:		16. Where will you accept a job?		17. Will you accept less than full time work?	
(Acceptance or refusal of temporary employment will not affect your consideration for other appointments.) — 1 month or less? — 1 to 4 months? — 4 to 12 months?		YES NO — Washington, D.C. — Any place in the United States. — Outside of the United States. — Only in (specify): Asheville NC Area		(Less than 40 hours per week) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 18. Are you willing to travel? (Check one) NO SOME OFTEN	
19. VETERAN PREFERENCE. Answer all parts. If a part does not apply to you, answer "No."					
A. Have you ever served on active duty in the United States military service? (Exclude tours of active duty for training as a reservist or Guardman.) B. Have you ever been discharged from the armed services under other than honorable conditions? (You may omit any such discharge changed to honorable by a Discharge Review Board or similar authority.) If "Yes," give details in Item 37. C. Do you claim 5-point preference based on active duty in the armed forces? If "Yes," you will be required to furnish records to support your claim at the time you are appointed. D. Do you claim 10-point preference? If "Yes," check type of preference claimed and complete and attach Standard Form 15, "Claim for 10-point Veteran Preference," together with the proof called for in that form TYPE: <input type="checkbox"/> Compensable disability <input type="checkbox"/> Disability <input type="checkbox"/> Wife <input type="checkbox"/> Widow <input type="checkbox"/> Mother					
E. List Dates, Branch, and Serial or Service Number of All Active Service (Enter "N/A" if not applicable)					
From 20 SEP 1967 12 JAN 1972		To 29 JAN 1969 03 FEB 1976		Branch of Service U.S. NAVY U.S. NAVY	
Serial or Service Number (b) (6)					

DO NOT WRITE IN THIS BLOCK FOR USE OF EXAMINING OFFICIAL ONLY				
<input type="checkbox"/> Appor. <input type="checkbox"/> Nonappor.		Material <input type="checkbox"/> Submitted <input type="checkbox"/> Returned		Entered Register:
Notations:				
Form Reviewed:				
Form Approved:				
Option	Grade	Earned Rating	Preference	Aug. Rating
			<input type="checkbox"/> 5 points (Tent.)	
			<input type="checkbox"/> 10 Points Comp. Dis.	
			<input type="checkbox"/> Other 10 Points	
			<input type="checkbox"/> Disal.	
			<input type="checkbox"/> Being Investigated	
Initials and Date				
THIS SPACE FOR USE OF APPOINTING OFFICER ONLY Preference has been verified through proof that the separation was under honorable conditions, and other proof as required. <input type="checkbox"/> 5-Pt. <input type="checkbox"/> 10-Pt. Comp. Disab. <input type="checkbox"/> 10-Pt. Other				
Signature and Title.				
Agency			Date	
<input type="checkbox"/> Refer for medical action				

ANNOUNCEMENT NO.

STATEMENT NO.



PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 20

<b>20. EXPERIENCE (Start with your PRESENT position and work back. Account for periods of unemployment in separate blocks, in order.)</b> May inquiry be made of your present employer regarding your character, qualifications, and record of employment? <span style="float:right"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> (A "No" will not affect your consideration for employment opportunities except for HEARING EXAMINER positions.)					
<b>1</b> Dates of employment (month, year) From <b>12 JAN 1972</b> To <b>PRESENT TIME</b>		Exact title of position <b>Personnel Administrator</b>		If Federal service, civilian or military grade <b>USN- E-5</b>	
Salary or earnings Starting \$ <b>(b) (6)</b> per month Present \$ <b>(b) (6)</b> per month		Avg. hrs. per week <b>48</b>	Place of employment City <b>Asheville</b> State: <b>N.C.</b>	Number and kind of employees supervised <b>25 - Inactive Admin. Personnel</b>	Kind of business or organization (manufacturing, accounting, insurance, etc.) <b>Military-Reserve</b>
Name of immediate supervisor <b>(b) (6)</b>		Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) <b>U.S.Navy - U.S.Naval Reserve Center</b> <b>721 Merrimon Ave., Asheville NC 28804</b>			
Area Code and phone No. if known <b>(b) (6)</b>					
Reason for wanting to leave <b>Honorable Discharge</b>					
Description of duties, responsibilities, and accomplishments <b>Maintain enlisted and officer records. Maintain and control all records and reports relative to Naval administration and reserve management. Performed collateral duties in counseling and recruiting. In charge of all classification testing and procedures. Acted as advisor to Inactive Unit Commanding Officer on administrative and training matters.</b>					
					For agency use (skill codes, etc.)
<b>2</b> Dates of employment (month, year) From <b>2 FEB 69</b> To <b>8 JAN 72</b>		Exact title of position <b>Manager-Motion Pict.Theatre</b>		If Federal service, civilian or military grade <b>N/A</b>	
Salary or earnings Starting \$ <b>(b) (6)</b> per week Final \$ <b>(b) (6)</b> per week		Avg. hrs. per week <b>60</b>	Place of employment City: <b>Varied</b> (listed below)	Number and kind of employees supervised <b>10 to 20</b>	Kind of business or organization (manufacturing, accounting, insurance, etc.) <b>Motion Picture Theatre</b>
Name of immediate supervisor <b>(b) (6)</b>		Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) <b>A.B.C. Southeastern Theatres, Inc.</b> <b>Charlotte, NC 28201</b>			
Area Code and phone No. if known <b>(b) (6)</b>					
Reason for leaving <b>(b) (6)</b>					
Description of duties, responsibilities, and accomplishments <b>Performed all duties of management of theatre. Maintained bank accounts, profits/loss reports, inventory, accounts receivable and payable, personnel matters, advertising, general maintenance of properties, etc.</b>					
					For agency use (skill codes, etc.)
<b>3</b> Dates of employment (month, year) From <b>20 SEP 1967</b> To <b>29 JAN 1969</b>		Exact title of position <b>Personnel Administration</b>		If Federal service, civilian or military grade <b>E-3 and E4</b>	
Salary or earnings Starting \$ <b>(b) (6)</b> per Final \$ <b>(b) (6)</b> per		Avg. hrs. per week <b>- -</b>	Place of employment City: <b>None</b> (Note below)	Number and kind of employees supervised <b>None</b>	Kind of business or organization (manufacturing, accounting, insurance, etc.) <b>Military</b>
Name of immediate supervisor <b>N/A</b>		Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) <b>U. S. Navy</b>			
Area Code and phone No. if known <b>N/A</b>					
Reason for leaving <b>(b) (6)</b>					
Description of duties, responsibilities, and accomplishments <b>Performed duties aboard USS-INDEPENDENCE (CVA-62) in Education/Training Office and advancement petty officer; performing records control for some 5,000 personnel as to advancement and promotion. In ship's Personnel Office as records clerk, control of all liberty and special ID-cards and passes, dependency matters, separations and reenlistment, and general office procedures.</b>					
					For agency use (skill codes, etc.)

IF



**ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE  
ANSWER ALL QUESTIONS CORRECTLY AND FULLY**

21 A. Special qualifications and skills (skills with machines; patents or inventions; your most important publications (do not submit copies unless requested); your public speaking and publications experience; membership in professional or scientific societies; etc.)

Have experience in most office and business machines.  
Have attended Navy schools in Job Classification and Personnel Accounting.  
Have completed course (correspondence) in Personnel Management (military and civilian)  
Decendent Affairs, Recruiting, Personnel Administration, and other courses relative to military position.

B. Kind of License or Certificate (For example, pilot, registered nurse, lawyer, radio operator, C.P.A., etc.)  
**None**

C. State or other licensing authority  
**NA**

D. Year of first license or certificate  
**NA**

E. Year of latest license or certificate  
**NA**

F. Approximate number of words per minute: Type **NA** Shorthand

22. A. Did you graduate from high school, or will you graduate within the next nine months?

YES	MONTH/YEAR	NO	HIGHEST GRADE COMPLETED
<b>XX</b>	<b>MAY 1966</b>		

B. Name and location (city and State) of last high school attended

**Spartanburg High School  
Spartanburg, SC**

C. Name and location (city, State, and ZIP Code if known) of college or university. (If you expect to graduate within 9 months, give MONTH and year you expect degree.)

Dates attended  
From To

Years Completed  
Day Night

No. of credits compl.  
Semester hours Quarter hours

Type of degree (B.A., etc.)

Year of degree

**None**

D. Chief undergraduate college subjects

No. of credits compl.  
Semester hours Quarter hours

E. Chief graduate college subjects

No. of credits compl.  
Semester hours Quarter hours

F. Major field of study at highest level of college work

G. Other schools or training (for example, trade, vocational, armed forces, or business). Give for each the name and location (city, State, and ZIP Code if known) of school, dates attended, subjects studied, number of classroom hours of instruction per week, certificates, and any other pertinent data.

**Mentioned in item 21.A above.**

23. HONORS, AWARDS, AND FELLOWSHIPS RECEIVED

**Navy Good Conduct Award  
Navy Achievement Medal for  
Outstanding Profession Service**

24. LANGUAGES OTHER THAN ENGLISH

List the languages and indicate your knowledge of each by placing "X" in proper columns

Reading			Speaking			Understanding			Writing		
Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair

25. REFERENCES. List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 20, EXPERIENCE.

FULL NAME

PRESENT BUSINESS OR HOME ADDRESS  
(Number, Street, City, State and ZIP Code)

BUSINESS OR OCCUPATION

(b) (6)



